

Dallas County Mental Health Services

Management Plan

January 24, 2007

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Policies and Procedures Manual

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VISION STATEMENT

Dallas County Community Services has adopted the philosophy of strengths-based person centered community care. This philosophy guides our vision to work with individuals and families, within the context of a collaborative, mutually enriching and respectful partnership. Our priority is to identify, secure, and sustain the range of resources both external and internal, needed to live in a normally interdependent manner in the community.

GUIDING PRINCIPLES

- ◆ All service participants receiving mental health, mental retardation, and developmental disability services in Dallas County have a right to live, work, learn, and recreate to full independence and permanence in the community.
- ◆ All service participants have the right to full community integration, and access to normal community resources and supports, without discrimination or stigmatization.
- ◆ All service participants and their families have a right to full participation in planning for access to needed services and supports, and to exercise reasonable choice in services and providers of services within the context of available resources and legal limitations.
- ◆ All service participants and their families have a right to responsiveness to cultural and linguistic diversity and to accommodation from service providers to overcome physical or cultural barriers to needed services and supports within the context of available resources/reasonable costs.

PREAMBLE

The following plan defines how services will be provided in Dallas County for individuals with a need for Mental Health (MH) or Developmental Disability (DD) services and supports when dollars from the Mental Health Services Fund are utilized to pay for those services or supports. Each county must complete a plan in order to meet the requirements of Iowa Code section 331.439 and the administrative rules in Human Services Chapter 25 Disabilities Services Management.

This plan describes how individuals with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. Many individuals in Dallas County participated in an advisory capacity in the development of the original plan developed in 1997 and the Amended Plan in November 2006. A public hearing was held to gather comments from the public. The Dallas County Board of Supervisors has the final authority as to the contents of the plan and approval of the plan.

This plan is reviewed annually by the Dallas County Board of Supervisors, the Dallas County Community Services Council, and the staff members of Dallas County Community Services. If you have not been a part of any planning committee, and wish to make suggestions for revision, please write to the Director/Central Point of Coordination Administrator. The address for that office is located at the bottom of this page.

The Plan is written in three parts:

- A. **Policies and Procedures Manual** which is divided into three sections:
 - Service Participant Handbook
 - Plan Administration and System Management
 - Appendixes
- B. **Three-year Strategic Plan**, which describes our vision for the Mental Health/Developmental Disabilities system and how we plan to reach our vision.
- C. **Annual Review**, which is due December 1st of each year. Copies of this review can be obtained by calling our office after December 1.

Contact Individual for the Plan:

Director/Central Point of Coordination Administrator
Dallas County Community Services
902 Court Street, Suite A
Adel, IA 50003

Phone: Office: (515) 993-5869
(Direct line with voice mail: (515) 993-1700)
Fax: (515) 993-5872

POLICIES & PROCEDURES MANUAL

SECTION I: Service Participant Handbook

INTRODUCTION

The purpose of this Service Participant Handbook is to explain how we provide, fund mental health and developmental disability services in Dallas County. It is written for service participants, their families, friends and advocates. It is also for service providers, administrators, and others interested in these important matters.

This introduction has been written to answer many of the basic questions and concerns you may have about how these programs work in Dallas County. The planning and funding of services is an ongoing process that has to adapt to the changing needs of service participants. Whether you are applying for the first time, or asking us to renew funding for services, we want to continue to work closely with you. Our goal is to ensure that services we fund are cost effective and meet your strengths, abilities, priorities and needs. Our resources and funding are limited. Because of this, we cannot honor or fund every request for services or supports.

We encourage you to contact us if you need more information, help or referrals.

IN EMERGENCIES: CALL 911

Or *My Nurse* at 1-877-242-8899.

My Nurse is provided as a service by the Iowa Health System and its member hospitals, including Dallas County Hospital.

How Our System in Dallas County Works

We believe in service participant empowerment. It is essential that individuals have freedom of choice, and take an active role in deciding what services and supports they need and how those services are to be delivered. The values upon which the Dallas County Mental Health Services System is based include:

1. Living in the community with all the rights and freedoms of all citizens.
2. The opportunity to be productive, for the benefit of oneself and others.
3. The respect of other community members.
4. The support of friends and of providers who deliver creative services.
5. To have the choice of circumstance and occupation, within the natural limits of income and ability.
6. To be responsible and in control of the future.

Our office is called Dallas County Community Services. We act as an entry point to a countywide system of services and supports by taking your Funding Application form, determining your eligibility for county funding, evaluating your needs, and working to create and implement your individualized plan. If we cannot fund a service or support for you, we will refer you to an agency that may be able to help you. If you need a service or support that is not in our county management plan, we will work toward finding a provider to provide that service or support in our community so that it may be available to you in the future.

We enter into contracts with other agencies, organizations and service providers that provide the specific services and supports you may need. The services that Dallas County contracts with include organizations that operate transportation or para-transit systems; hospitals with rehabilitation, mental health, or long-term care facilities; practitioners such as counselors and therapists, home health care agencies, independent living centers, home and community based waiver providers, and job assistance coaches. A list of providers for Dallas County is included as Appendix A of this document.

Where Do I Go To Get Services And Funding?

In order to receive Dallas County Mental Health/Developmental Disabilities Services funding for desired services, individuals in Dallas County must meet certain diagnostic, income, and resource criteria. To start the **enrollment** process, a written Funding Application form must be completed. You can do this at our office or we can mail a Funding Application form directly to you. Staff members at Dallas County Community Services can help you fill out the Funding Application form. If you like, you can bring along a friend, family member or other individual familiar with your personal matters.

Our Funding Application form is included this document in Appendix G, Approved Forms. Funding Application forms are also available at the Dallas County website: www.dallascounty.gov. Please click on the page for Dallas County Community Services under Departments. In addition, Funding Application forms can be obtained by coming to our office, by calling, or by writing to:

Dallas County Community Services
902 Court Street, Suite A
Adel, IA 50003

Phone: (515) 993-5869 Fax: (515) 993-5872

What information will be asked on the Funding Application form? You will be asked to provide information about your disability, health, education, work history, income, benefits, insurance, and other matters. The Funding Application form also requires us to gather information about others who live in your household or who are responsible for your support. We will also want to know where you have lived in the past, so we can determine if Dallas County has the responsibility to pay for the services and supports for which you qualify. A copy of the Funding Application form can be found in the Dallas County Community Services Approved Forms section of this document. Please call us if you do not have the complete version of this Plan and would like a Funding Application form.

If further information is needed, you will be requested to sign a release of information form so that we can obtain the information that we need to make a decision regarding the services you have requested.

Will my privacy be protected? We want to assure you that your privacy will be respected and protected both in and out of our offices. No personal information will be shared with others unless you give us written permission or we are required by law to do so. You will be asked to sign release forms that authorize us to talk with other individuals and organizations and to freely exchange information and records about you. More information about our confidentiality and privacy policies and safeguards, and a copy of our release form, can be found in Appendix C of this document. Please call us if you do not have the complete version of this document and would like more information about confidentiality.

Where else may I begin the enrollment process for services? In addition to completing a Funding Application form by contacting our office, individuals may request help in completing the enrollment process from staff members at West Central Mental Health or Dallas County Hospital. These service providers who assist applicants with the Funding Application forms are known as “Access Points” to the Dallas County Central Point of Coordination (CPC). Access Points are required by State rules to forward the Funding Application form to the CPC on the same day it is received. Funding Application forms may be faxed to Dallas County Community Services at 515-993-5872.

In addition to applying directly at the CPC Administrator’s office in Adel, Funding Application forms are available in Dallas County at the following service providers:

West Central Mental Health
2111 Greene Street
Adel, IA 50003

Dallas County Hospital
610 10th Street
Perry, IA 50020

How Do I Find Out if I Am Eligible for Services and Funding?

The First Step: Enrollment and Eligibility

In order to receive funding for desired services, individuals must meet certain diagnostic, income, resource, and residency criteria. To start the **enrollment** process, a written Funding Application form must be completed. You can do this at our office or we can also mail a Funding Application form directly to you. Staff members at Dallas County Community Services can help you fill out the Funding Application form. If you like, you can bring along a friend, family member or other individual familiar with your personal matters.

The first set of criteria to determine if you should complete the Funding Application form to request services under the Dallas County Management Plan includes the following three requirements. You should complete the Funding Application form if you are:

- A U.S. citizen or a qualified alien lawfully admitted for permanent residency, or otherwise permanently residing in the United States under law.
- For individuals under the age of 18, parents or legal guardians will complete the Funding Application in the name of the minor child. All available resources within the minor's household will be considered as when determining eligibility for county funding. Dallas County is working collaboratively with the county's area education agency, county school districts and/or other educational organizations to ensure that funding available through the minor's Individual Education Plan have been considered including the application for the mental retardation waiver, if applicable.
- These requirements are in place for those individuals who are determined to have legal settlement in Dallas County. If a service participant resides in Dallas County but has legal settlement in another county or has state case status, Dallas County will work to complete the Funding Application and assist the service participant in coordinating services and funding authorizations. Dallas County will also coordinate the payback of the funding of those services with the responsible county. Service access will not be denied due to legal settlement.

In addition to the above requirements, you must complete the process to apply for any and all other funding sources that may be available to you. Dallas County reserves the right to request written documentation from you that the application processes(es) have been completed prior to approving funding for the services you have requested.

What do I do with my completed Funding Application form? Once you have completed the Funding Application form and reviewed the form to ensure that you have provided all of the information requested, be sure to attach any documents that will help confirm eligibility, such as medical reports, income information, verification of diagnosis, and proof of residency.

You may deliver, mail, or fax the completed Funding Application form and copies of any supporting documents to:

**Director/CPC Administrator
Dallas County Community Services
902 Court Street, Suite A
Adel, IA 50003
Phone: 515-993-5869 Fax: 515-993-5872**

What happens after I submit my completed Funding Application form and supporting documents? You may receive funding if you meet our **eligibility** requirements. There are four requirements that each individual must meet in order to receive funding from Dallas County:

1. The first requirement is that you have a diagnosed disability covered by the plan. They include:

Mental Illness**Chronic Mental Illness****Mental Retardation****Developmental Disability****Brain Injury**

2. The second requirement is that you meet our income and resource financial eligibility guidelines.
3. The third requirement is that you have a need for the service as determined by a professional assessment.
4. The fourth requirement is that the requested service or support is covered by the plan. Covered services include various types of:

Vocational Services**Residential Services****Outpatient Mental Health****Support (such as payee or respite)****Hospitalization****Service Coordination (Case Management)**

After we review your Funding Application form, we will decide whether or not you are eligible for county funding. If you meet our eligibility criteria, you are entitled to receive county funding. Many of the services and supports are provided without cost to you. In some circumstances, depending on your income and resources, you will have to pay some of the costs. A Notice of Decision will be sent to you within ten (10) days of receiving your completed Funding Application. The Notice of Decision will explain how and why we made the decision. Please note that throughout this document when we refer to “days” we are referring to working days. When we refer to “working days”, we are referring to Monday through Friday and do not include Saturdays, Sundays or holidays.

Please note that if for any reason your Funding Application is not complete, we will send a letter to you requesting the missing information we need from you in order to complete the processing of your Funding Application. This letter will be sent to you within ten (10) working days of receiving your Funding Application. You will be given ten (10) working days from the date of the letter to provide the missing information to us in order to complete processing your Funding Application. You may provide the missing information by mailing us the information we need, by delivering the missing information to our office at 902 Court Street in Adel, or by telephoning the individual designated in your letter that is processing your Funding Application. Please note that if we do not receive the missing information from you within ten (10) working days, your Funding Application will be closed and will not proceed to the next step in our enrollment process. You will be notified by letter that your Funding Application has been closed.

If it is determined that you are not eligible for funding, a Notice of Decision will be sent to you within ten (10) working days of receiving your completed Funding Application. The Notice of Decision explains why we have denied your request for funding. You have the right to appeal any part of the decision.

Can the individual making my funding decisions benefit personally? The Central Point of Coordination (CPC) Administrator will make the service and funding authorization decisions. It is the intent of Dallas County that funding authorization decisions will not be made by an individual or organization, which has financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to service participants, counties and other stakeholders.

The Board of Supervisors will not be involved in the assessment process or funding decisions. The CPC Administrator will report data to the Board of Supervisors periodically.

The Board of Supervisors has ultimate authority over the Dallas County Mental Health Services Management Plan and the funding for the budget for mental health, mental retardation, developmental disabilities and brain injury. The CPC Administrator will approve or deny services according to assessments and funding availability.

What happens if I have legal settlement in another county or I have “State Case” status? Legal settlement, in general refers to the place where a consumer last lived for one year without any services or supports and is further defined in Iowa Code section 252.16 and 252.17. Our staff will provide assistance to service participants and/or access points in coordinating the request for funding with the county of legal settlement or State of Iowa for those with state case status. Dallas County CPC Administrator will fax the Funding Application (Appendix H) and a completed Legal Settlement Decision Tree form (Appendix H), when possible, in order to coordinate with the appropriate entity by the end of the working day in which the Funding Application and Legal Settlement Decision Tree form was received. In some cases, it may take longer than one day to establish legal settlement, but the application and decision tree form will be forwarded on the day that legal settlement is established. Staff members at access points will be trained to comply with the requirement that Funding Application forms are to be forwarded to the Dallas County CPC by the end of the working day if possible. Dallas County does not intend to deny access to services as outlined in the management plan for any current resident of the county and will work to assure that counties of legal settlement cooperate in funding appropriate services.

What if I am approved to receive funding but there is not enough money or the service is not available?

Should all money be encumbered or should Dallas County receive reduced dollars from the State, service may need to be prioritized, if it becomes evident there will not be enough dollars to meet each individual’s need. The following list will be used to determine which services will be funded, with mandated services as top priority, transportation as the least:

1. Mandated Services
2. Shelter
3. Treatment
4. Day Programming
5. Transportation

You will be placed on a waiting list at the Dallas County CPC office if, at the time of processing your completed Funding Application form, the Mental Health Services Fund is projected to be fully encumbered for the fiscal year. In addition, if funds are fully encumbered, a waiting list shall be kept by the CPC on individuals currently receiving services who are seeking additional or different services. Waiting list data will be made available during community planning sessions so that service priorities can be assessed. As funds become available, individuals on the waiting lists shall be approved for admission based on the following criteria:

1. Individuals who, if they did not receive the service for which they are applying, would likely access a mandated service, shall be considered first. The CPC shall gather sufficient data from current service providers, if any, and from the service participant in order to determine the extent to which the applicant would likely access a mandated service.
2. Individuals with the most severe need for service will be considered next. Examples of “severe need” include: dependent adults in abusive or neglectful situations, situations where the caretaker is subject to violence or aggressiveness by the service participant. These individuals will be urged to use other community resources while waiting to utilize county MH/DD mental health funds.
3. Youth transitioning from the public school special education system.
4. If all other criteria are equal, the individual with the earliest date of Funding Application form shall be considered next.

Approval of funding is also dependent on the availability of the service, and situations could arise in which individuals who are lower on the order of criteria are funded ahead of individuals who are higher on the order for the reason that the higher priority service is unavailable.

Service participants who are placed on a waiting list will receive a Notice of Decision within ten (10) working days of completing the enrollment process for their Funding Application. The Notice of Decision will state the reason for being placed on the list and the process involved in moving from the waiting list to being approved for funding for services. The CPC shall maintain a record of all individuals placed on the waiting list. The waiting list shall be reviewed monthly by the CPC. Service participants can at any time, request information regarding their status on the waiting list.

The Second Step: Service Planning and Funding

Once you are approved for funding and have received the Notice of Decision from us, it is time to **determine the exact services you need**. If you do not already know the exact service you need, you might need to take a second step in the process. This step would be one in which we learn more about you and assess your health care, treatment, employment, transportation, and other needs. Please note that if a service review is necessary, Dallas County will use a qualified professional to assist us in completing this review.

If you have Title XIX (Medicaid), you may be referred to case management services if it is determined that you qualify for funding for two or more services. If you are uncertain about your needs, a service coordinator and/or Case Manager may be assigned (if you do not already have one) to work with you and others to create a service plan tailored to your specific strengths, abilities, and needs. If you agree, the service coordinator and/or Case Manager may also speak with your family members, doctors, therapists, services providers, or other individuals involved in your day-to-day affairs.

When this step is completed, additional funding might need to be requested to meet your individual service plan. The Service Coordinator assigned to you during this step will be able to assist you in requesting the additional funding at that time. Once again, we will send you a written Notice of Decision within ten (10 working days) from the date that you met with your Service Coordinator to discuss our service needs.

It is possible that we will not have the funds to pay for all of the services you need. If this happens, your name may be placed on a waiting list. While you are on the waiting list, we will refer you to other resources or agencies that might be able to help you or provide the services and funding that we cannot provide. Service participants who are placed on a waiting list will receive a Notice of Decision within ten (10) working days of completing this step in the enrollment process. The Notice of Decision will state the reason for being placed on the list and the process involved in moving from the waiting list to being approved for funding for services. The CPC shall maintain a record of all individuals placed on the waiting list. The waiting list shall be reviewed monthly by the CPC. Service participants can at any time, request information regarding their status on the waiting list.

The Third Step: Continued Service Coordination

Even after you begin to receive services, **we are available to work with you** to make sure your services and supports continue to meet your changing needs. Case reviews will also be conducted periodically by the Director/CPC Administrator or a delegated member of the staff. We are always open to suggestions, and we welcome your comments on how we can better serve you and others in our community. Feel free to contact us if you have any questions, complaints or compliments about us, about your providers, or about anyone else involved in our county's mental health and developmental disability service system.

What should I expect from my services? Dallas County Community Services will strive to meet your expectations by involving you, your family and all interested individuals in the program planning, operations and evaluation of the mental health system. You should expect the following from your services:

- ◆ That they are available when you need them.
- ◆ That they respond to your individual needs.
- ◆ That you are involved in the planning of the services.
- ◆ That you have a choice of who provides the service.
- ◆ That you have a choice of where and with whom you live.
- ◆ That you have a choice of jobs and where you work.
- ◆ That you and your family are satisfied with the quality of your life and services.
- ◆ That your services lead to a greater independence.

WHAT IF I HAVE A COMPLAINT, OR I DISAGREE WITH A DECISION ABOUT MY ELIGIBILITY FOR FUNDING?

Overview of Decision-Making and Appeals: The purpose of this section is to describe in detail how MH/DD decisions are made and communicated, who the individuals are who make the decisions, and how decisions can be appealed. It also provides information about the rights service participants enjoy and the help that is available to service participants during each and every stage of the appeals process.

We do our best to make sure that completed Funding Application forms are processed and decisions are made as quickly as possible. Written Notice of Decisions will be mailed to service participants and providers. Emergency services are to be provided immediately, with funding decisions to be made afterward. Appeals at the county level, which may involve different stages, should take no longer than one month from the time a written request for appeal is received by us. The process is designed to resolve disputes promptly and informally. Strict rules of evidence and procedures do not apply to the hearings and meetings used to decide appeals at the county level. Different individuals are involved, and slightly more formal procedures might be employed, as an appeal advances from one stage to another.

Decision Stages:

The first stage involves initial decisions, which are made by Central Point of Coordination staff. Any appeal or complaint regarding the CPC staff decisions will be heard and decided by the CPC Administrator, who is responsible for the delivery of funding for services in our county.

The second stage involves decisions made by the CPC Administrator regarding eligibility, funding or services. Any appeal or complaint regarding the CPC Administrator's decision will be heard and decided by a representative of the Iowa Department of Inspection and Appeals.

The next stage involves appealing the decision of the Appeals Committee to the District Court of Iowa or other courts, depending on the actions taken or the relief that is requested.

Appeals rights and protocols are explained in greater detail later in this section. Be assured that your personal information will be protected during each and every stage of the process. Staff members and supervisors receive training on the legal and practical safeguards that apply to personal, mental health and other information and records.

The State of Iowa, rather than our county, must sometimes pay for MH/DD services provided to county residents. Many service participants also participate in Title XIX Medical Assistance programs run by the Department of Human Services (DHS). Appeals about these "state cases" and DHS program eligibility decisions are governed by administrative agency rules and by the Iowa Administrative Procedures Act, Iowa Code Chapter 17A. More information about these appeals will be provided to service participants by the Department of Human Services.

Notices of Decision and Appeal Rights: Every decision regarding eligibility, services or funding will be issued in writing using a Notice of Decision form. A copy of the Notice of Decision form for Dallas County can be found in Appendix E of this document.

The reverse side of the Notice of Decision summarizes the Appeals Process. We recommend that you review the Notice of Decision the day you receive it. Read both sides of the document carefully, word by word and line by line. Call our office at the number listed later in this section with any questions or concerns. It is important that you act quickly to preserve your right to challenge the decision. A complete description of each stage of the appeals process follows, in the order they must be pursued.

FIRST APPEAL STAGE: This stage involves initial decisions which are made by Central Point of Coordination (CPC) staff. Any appeal or complaint regarding that decision will be heard and decided by the Central Point of Coordination Administrator (CPC), who oversees the delivery of services in our county.

If you disagree for any reason with the initial service, funding, or eligibility decision made by the CPC staff, you may appeal that decision to the CPC Administrator. To do so, you must notify us in writing by the deadline date printed on the first page of the Notice of Decision, which is fourteen (14) working days from the date of decision. You may mail, hand-deliver, or fax the written appeal request. We do not use a standard form. Any letter that questions or disputes the decision will be considered an appeal request. We will use the postmark date to determine if the appeal was submitted to us on time. You may also call us to appeal the decision, but the call must be received by the deadline date and it must be noted in your case files. The CPC Administrator's telephone number is 515-993-1700. You can then visit our office or provide us with a written request within the next (five) days. All appeals must be directed to the CPC Administrator's office at Dallas County Community Services, 902 Court Street, Suite A, Adel, IA 50003.

If your appeal is not received by the appeal deadline date listed on the Notice of Decision, it will be denied, and the initial decision regarding your service, eligibility, or funding will be considered final.

The appeal should state that you do not agree with the decision, and explain why you believe the decision is incorrect. It should also describe the action you would like us to take. If you are unable to notify us on your own that you wish to appeal, a person authorized by you may do so for you. This could include parent, guardian, provider, family member, lawyer, or other advocate.

After we receive your timely-filed appeal, a meeting (hearing) will be scheduled to review the initial decision. You will receive a written notice that states the date, time and place the appeal will be heard. This document will be mailed to you to by certified mail no later than five (5) working days after we receive your appeal.

Our goal is to resolve disputes quickly and informally using only the procedures, which are listed in this section. The appeal meeting will be held in private. You have the right to have an attorney or other advocate accompany and represent you, but at your own expense. You may qualify for free legal assistance through the Legal Services Corporation of Iowa, the Iowa Volunteer Lawyers Project, Iowa Protection & Advocacy Services, Inc., or other organizations. Service participants and their representatives also have the right to:

- Participate fully in the appeal or decide not to attend the appeal meeting.
- Review and copy the case files, records and information that were and will be used to make these decisions.
- Submit additional documents and evidence to support the requested funding and services.
- Bring witnesses to attend any appeal, and to participate, testify, or provide information, records and opinions to support the service participant's position and address the issues in dispute.
- Ask questions of anyone who attends the meeting.

- Record what happens at the meeting using their own equipment, at their sole expense.
- Have their personal information protected throughout the decision-making and appeals process.
- Be told -- in advance of the appeal meeting (hearing) -- the names and titles of the individuals who will represent the County at the appeal.

The CPC Administrator will consider all the information that is presented during the appeal meeting. Appeals should rarely, if ever, involve the service participant's entire clinical, medical or mental health history or records. The CPC Administrator will only consider and review information and records that are needed to address the particular and limited issue being decided. Mental health information, as defined by Iowa Code Chapter 228, can only be shared with the individuals identified in that law. As a result, certain individuals attending the hearing or deciding the appeal may not be able to obtain this information. Additional information about privacy safeguards can be found in the Confidentiality Section of this plan.

A written Notice of Decision will be mailed to you no later than ten (10) working days after the appeal is heard. The Notice of Decision will be sent to you and to your legal or other authorized representative (if you request) by certified mail, and by first class mail, to make certain that you receive it. The Notice of Decision will completely explain the CPC Administrator's decision and detail what is to happen next regarding your services and supports.

SECOND APPEAL STAGE: This stage involves decisions made by the Central Point of Coordination Administrator (CPCA) regarding eligibility, funding or services. Any appeal or complaint regarding the CPC Administrator's decision will be heard and decided by a representative of the Iowa Department of Inspections and Appeals.

If you disagree for any reason with the decision made by the CPC Administrator, you may appeal that decision to the Iowa Department of Inspection and Appeals. To do so, you must notify us in writing by the deadline date printed on the first page of the Notice of Decision, which is fourteen (14) working days from the date of decision. You may mail, hand-deliver, or fax the written appeal request. We do not use a standard form. Any letter that questions or disputes a decision will be considered an appeal request. We will use the postmark date to determine if the appeal was submitted to us on time. You may also call us to appeal the decision, but the call must be received by the deadline date and it must be noted in your case files. You can then visit our office or provide us with a written request within the next (five) days. All appeals must be directed to the office which is listed on the Notice of Decision: CPC Administrator, Dallas County Community Services, 902 Court Street, Suite A, Adel IA 50003.

If your appeal is not received by the appeal deadline date listed on the Notice of Decision, it will be denied, and the CPC Administrator's decision regarding your service, eligibility, or funding will be considered final.

The appeal should state that you do not agree with the decision, and explain why you believe the decision is incorrect. It should also describe the action you would like us to take. If you are unable to notify us on your own that you wish to appeal, a person authorized by you may do so for you. This could include parent, guardian, provider, family member, lawyer, or other advocate.

After we receive your timely-filed appeal, the Iowa Department of Inspection and Appeals will be contacted by telephone and with a letter following up with the telephone call to request an appeal hearing within five (5) days by the CPC Administrator. The Iowa Department of Inspection and Appeals will establish the date, time, and place to review the CPC's decision. You will receive a written notice from the Iowa Department of Inspection and Appeals that states the date, time and place the appeal will be conducted.

Our goal is to resolve disputes quickly and informally using only the procedures' which are listed in this section. The appeal will be held in private. You have the right to have an attorney or other advocate accompany and represent you, but at your own expense. You may qualify for free legal services through the Legal Services

Corporation of Iowa, the Iowa Volunteer Lawyers Project, Iowa Protection & Advocacy Services, Inc., or other organizations. Service participants and their representatives also have the right to:

- Participate fully in the appeal or decide not to attend the appeal meeting.
- Review and copy the case files, records and information that were and will be used to make these decisions.
- Submit additional documents and evidence to support the requested funding and services.
- Bring witnesses to attend any appeal, and to participate, testify, or provide information, records and opinions to support the service participant's position and address the issues in dispute.
- Ask questions of anyone who attends the meeting.
- Record what happens at the meeting, using their own equipment, at their sole expense.
- Have their personal information protected throughout the decision-making and appeals process.
- Be told -- in advance of the appeal meeting (hearing) -- the names and titles of the individuals who will represent the County at the appeal.

The Iowa Department of Inspections and Appeals will consider all the information that is presented during the appeal. Appeals should rarely, if ever, involve the service participant's entire clinical, medical or mental health history or records. The Iowa Department of Inspections and Appeals should only consider and review information and records that are needed to address the particular and limited issue being decided. Mental health information, as defined by Iowa Code Chapter 228, can only be shared with the individuals identified in that law. As a result, certain individuals attending the hearing or deciding the appeal may not be able to obtain this information. Additional information about privacy safeguards can be found in the section on confidentiality.

A written Notice of Decision will be mailed to you from the Iowa Department of Inspection and Appeals after the appeal is heard. If you disagree for any reason with the decision made by the Iowa Department of Inspections and Appeals, you may appeal the decision to a court of law.

What are my rights and responsibilities?

Your Rights: In addition to your constitutional rights you have the following specific rights:

- ◆ The right to privacy, including the right to private conversation, and to confidentiality.
- ◆ The right to appeal any staff or provider action.
- ◆ The right to enter into contracts.
- ◆ The right to decline all or part of the services.

Individuals with mental illness, chronic mental illness, mental retardation and other developmental disabilities have the same fundamental rights as all individuals. Rights can be limited only with the informed consent of the consumer's guardian or legal authorities within the following guidelines; limit is based on an identified individual need; skill training is in place to meet the identified need; periodic evaluation of the limits is conducted to determine the continuing need for limitation. In the event you feel any of your rights have been infringed upon, you may request advocacy assistance from your case manager/social worker or other advocates. At any point you may refuse all or part of services which are being offered.

Your Responsibilities: Along with rights you also have a responsibility to get the most from the services provided:

- ◆ Treat those giving you service with the same respect and kindness you expect to receive.
- ◆ Ask questions about your service so you understand what is expected of you.

- ◆ Seek help before you are in a crisis situation.
- ◆ Keep your appointments and be on time. Call ahead if you must cancel an appointment.
- ◆ Follow the procedures for complaints, team meetings and appeals if you are unhappy with your service.
- ◆ Work towards the goals identified in your plan.

Please remember, if you are not responsible with your services they may be reduced or terminated, so it is important that you do your part.

What if this is an Emergency?

In an emergency situation, call 911 Or *My Nurse* at 1-877-242-8899. *My Nurse* is provided as a service by the Iowa Health System and its member hospitals including Dallas County Hospital.

When an emergency occurs and county funding may be needed, contact the CPC Administrator if possible. If the CPC Administrator is not available, the case manager, county social worker, or provider can make authorization for emergency funding. Up to five days of emergency service can be authorized. The emergency funding request must be completed and sent to the CPC. The CPC will sign and return a copy to the case manager and the provider of the service. (Note: if the individual is Iowa Plan (MBC of Iowa) eligible, this funding source needs to be pursued as does private insurance.

Commitment Procedure (Code of Iowa 229.1B): Any individual whose hospitalization expenses are payable in whole or in part by a county shall be subject to all requirements of the single entry point process. If the expenses of a respondent are payable in whole or in part by a county, for a placement in accordance with subsection 1, the judge shall give notice of the placement to the single entry point process and for a placement in accordance with subsection 2 or 3, the judge shall order the placement in a hospital or facility designated through the single entry point process.

Voluntary Hospitalization (Code of Iowa 229.2): If it is determined that the individual is in need of **immediate** inpatient treatment, the hospital and/or a mental health center or an approved mental health institution will notify the CPC Administrator of a hospital admission or by the end of the next business day if the hospitalization is during non-working hours. Our office will obtain a Dallas County Community Services Application form at that time and determine eligibility for county funds. Staff from the hospital will work with the patient, CPC office, and any appropriate community supports and resources to facilitate aftercare and reintegration into the community. Dallas County is not responsible for transportation arrangements and expenses for an individual seeking voluntary admission.

Individuals wishing to request county financial support for the cost of a voluntary hospitalization must file a Dallas County Community Funding Application form at a Dallas County CPC access point and be pre-screened by a mental health agency that has a contract with Dallas County. Voluntary hospitalizations are not a mandated service in Dallas County and are subject to county funding being available at the time of the hospitalization. Dallas County reserves the right to disallow voluntary hospitalizations and related costs if county funding is not available and if those services and supports are not authorized in accordance with the process described in the county management plan.

Dallas County will only be financially liable for any voluntary mental health admission or involuntary mental health commitment, which has occurred through this process. If an individual has private insurance or Medicaid (Magellan) coverage (whether committed to a hospital under Iowa Code Chapter 229 or under a voluntary admission) they have their choice of beds subject to court approval, with the exception of a state institution as payment arrangements with the county are required. If it is determined that an individual has available resources (private insurance and/or Medicaid) to cover either partial or the total cost of a voluntary commitment at a state institution, a repayment plan can be requested with the Dallas County CPC

Administrator. If an individual refuses to repay the costs of the voluntary commitment, the State of Iowa Code Chapter 229 allows for the Dallas County Attorney to seek restitution on behalf of Dallas County Community Services.

Individuals may contact the University of Iowa Hospitals, to inquire about alternative funding options for their unit.

Involuntary Commitment (Code of Iowa 229.6): Proceedings for the involuntary hospitalization of an individual may be commenced by any interested individual by filing a verified Funding Application form with the clerk of the district court of the county where the respondent is presently located, or which is the respondent's place of residence.

Under Iowa law an individual is seriously mentally impaired when:

1. The individual has a mental illness, and because of that illness, the individual lacks sufficient judgment to make reasonable decisions regarding his or her treatment or hospitalization; and
2. The individual meets any of the following criteria:
 - a. Is likely to injure himself or herself or others; or
 - b. Is likely to inflict serious emotional injury on those unable to avoid contact with the individual; or
 - c. Is unable to satisfy his or her needs for nourishment, clothing medical care, or shelter which would cause the individual to suffer physical injury, physical debilitation or death.

Procedure for Involuntary Hospitalization: Proceedings for the involuntary hospitalization of an individual may be commenced by any two individuals with personal knowledge of the individual's need for hospitalization. During the hours of 8:00 A.M. until 4:00 P.M. commitment papers can be filed at the clerk of court office. Two individuals who can give testimony to how the patient is a danger to self and/or others must file papers. Family, friends, law enforcement, physicians, nurses, social worker, other hospital staff, etc. may file statements.

The judicial officer will review the Funding Application form and supporting statements. If probable cause exists to indicate that the respondent is seriously mentally impaired and is likely to injure himself or herself, the judicial officer will issue a written order directing the sheriff to take the Respondent into immediate custody until a hearing is held. An order for immediate custody will indicate detention at one of three locations:

- ◆ in the custody of a relative, friend or other suitable individual
- ◆ in the custody of an appropriate public or private hospital
- ◆ in the nearest community facility licensed to care for individuals with a mental illness.

CPC/Clerk of Court/Hospital Staff process:

1. The clerk of court office notifies our office of a commitment by phone. Information needed includes name, type of commitment, and where the individual will be hospitalized. An address and social security number are helpful if they can be obtained. A list of approved mental health service providers and hospitals is included in Attachment A, Provider Network.
2. The hospital staff will assist the individual in completing the CPC Funding Application form. This will be faxed to our office (515-993-5872) within 24 hours of admission.
3. If the Hospital staff is unable to complete the Funding Application form, or if the patient does not cooperate, our office will be called. The CPC Administrator will be responsible for obtaining the necessary information.

4. If county funded outpatient or additional inpatient treatment is required and county funding is needed, our office will be notified to assist in the planning of services and authorization of funding. Mental health funds can only be expended when authorized by the CPC Administrator and in accordance with the county management plan.

Hospitalization - Emergency Procedure (Code of Iowa 229.22): The following procedure should be followed on weekends, holidays, before 8:00 A.M. and after 4:30 P.M. Monday through Friday. This procedure shall not be used unless it appears that an individual should be immediately detained due to serious mental impairment.

A law enforcement officer, who has reasonable grounds to believe that an individual is mentally ill, and because of that illness, is likely to physically injure the individual's self or others if not immediately detained, may without a warrant take or cause that individual to be taken to the nearest community facility licensed to care for individuals with a mental illness.

Dual Diagnosis: In the case of dual diagnosis, if involuntary admission is sought per Iowa Code Chapter 229.2A, Dallas County designates Mt. Pleasant Dual Diagnosis Unit for such care and treatment. If a bed is not available at the Mt. Pleasant Dual Diagnosis Unit, the CPC Administrator will work with the Court to locate alternative services/hospitalization for either mental health or substance abuse based on the individual's circumstance.

Annual Report

An annual report of this Service Participant Handbook and the Dallas County Management Plan for Mental Health Services is completed and sent to the Iowa Department of Human Services each December 1. Also included in the annual report are the results of our quality assurance surveys. Individuals wishing to receive a copy of this report can stop by our office or call our office after December 1 and a copy of the report will be sent to you.

Three-Year Strategic Plan

In addition to the annual report, a committee of service participants, family members, providers, governmental officials, and community members are involved in writing a strategic plan for the next three years. The strategic plan is part of the Dallas County Management Plan for Mental Health Services is approved by the Board of Supervisors. The most recent strategic plan is for July 1, 2006 through June 30, 2009. Individuals wishing to receive a copy of the current three year strategic plan can stop by our office or call our office and a copy of the plan will be sent to you.

POLICIES & PROCEDURES MANUAL

SECTION II: Plan Administration and System Management

PLAN DEVELOPMENT

The planning process is vital to ensure appropriate, cost-effective services and supports are available to individuals with disabilities. This process encompasses the principles of choice, empowerment, and community. A wide variety of service participants, families, county officials, advocates, providers, and community members are involved in the plan development process. This process is essential to ensure the needs of the individuals in the community are met and the resources of Dallas County are best utilized. This is a continuous process.

The development of this plan is the result of numerous meetings with a variety of community members. Their concerns, suggestions, and ideas are encompassed in the plan. The Dallas County Community Services Council meets bi-monthly in February, April, June, September, and November each calendar year. The purpose of the Council is to stimulate, foster, and, where possible, improve the quality of care and other services and support for the citizens of Dallas County, in a cost effective manner. This purpose is accomplished through the coordination of available services, cooperative development between existing agencies, and the development of the county management plan for the provision of services and supports to individuals with mental illness or a developmental disability in Dallas County. A list of the current members of the Dallas County Community Services Council is included as Appendix E of this document.

Communication: The Key to a Quality System

Dallas County currently interfaces with services and supports funded and provided by other service systems. Dallas County will build upon its already existing relationships with other local systems of care and develop and formalize relationships with as many agencies, organizations, and funding sources as deemed appropriate for coordination of quality service delivery. Collaborative efforts will focus on ensuring that authorized services and supports are responsive to service participant's needs and desires and are cost efficient.

The service participant, family members, providers and public will be provided with ongoing communication to ensure public awareness and education regarding Dallas County's Mental Health Services Management Plan, the CPC process, and the services offered by the county. This will be accomplished in the following ways:

- ✓ Open Public Meetings
- ✓ Media announcements
- ✓ Public hearing on the management plan
- ✓ Newspaper articles
- ✓ Newsletters

The public awareness and education goal in the strategic plan addresses the issue of service participant, family, and community education.

Providers: The CPC Administrator will collaborate with other service providers to assure that services authorized are responsive to service participant's needs and desires and that the services being provided are meeting the individual's need and are being provided in the most cost-efficient way possible within constraints of the Mental Health Services Fund. Providers are encouraged to be active participants in the planning process of the Dallas County Mental Services Management Plan.

Other Funders: The CPC Administrator will collaborate with other funding sources to identify dollars available and to assure those dollars are utilized prior to county dollars being used.

Families, Advocates or Legally Authorized Representatives: The CPC Administrator will collaborate with these entities to assure that their desires for the service participant and the system is understood. Information and educational opportunities about the services and supports available to service participants and the cost-effectiveness of these services and supports will be provided to these individuals as requested and through community educational opportunities. They will be encouraged to become active participants in the planning process of the Dallas County Mental Health Services Management Plan.

Collaboration with Courts: The CPC Administrator will continue to dialogue with the Judicial Judge/Magistrates, County Attorney, and the Mental Health Advocate to encourage coordination and cooperation of the CPC process. Representatives of the Court will be encouraged to take an active role in the development of alternative community services to prevent hospitalization. The CPC Administrator will inform the representative of the court of the services and supports included in the Management Plan and encourage the Courts to be an active participant in the planning process of the Dallas County Mental Health Services Management Plan.

PLAN ADMINISTRATION

In July 2006, the consortium and 28E Agreement between Boone, Dallas and Madison Counties was dissolved, including Tri-County Community Services. The Dallas County Board of Supervisors established the Dallas County Mental Health Department and completed the process of hiring a full-time Director/CPC Administrator to oversee the implementation of the Dallas County Mental Health Services Management Plan and Dallas County Case Management Services Unit. Dallas County will directly administer this plan through the Dallas County Central Point of Coordination (CPC) Administrator. The office of the Director/CPC Administrator and case management unit is called Dallas County Community Services.

What is Central Point of Coordination (CPC)? Central Point of Coordination is a process. The process must be easily accessible to service participants and their families or authorized representatives. The process encompasses the principles of service participant choice, empowerment, and community. Access to the system may be initiated by contacting the CPC Administrator or an access point established in the Plan. The process includes an intake process; eligibility determination; referral, if needed for clinical assessment; enrollment into services/supports; service and cost tracking; a management information system; funding authorization; education; and collaboration and planning with service participants, families, the community, and agencies.

Individuals or families wanting to acquire information about service and supports available for individuals with disabilities or to apply for county funding should contact the Central Point of Coordination office by calling Dallas County Community Services at 515-993-5869. The Dallas County Community Services office is located at 902 Court Street, Suite A, Adel, Iowa. The office hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday. Please note that the office is closed, as are other Dallas County offices, on holidays and weekends.

What are the responsibilities of the Central Point of Coordination Administrator? The responsibilities of the CPC Administrator include, but are not limited to:

- ◆ Plan administration and monitoring
- ◆ Authorization of service funding
- ◆ Rate setting and review
- ◆ Budget review and monitoring
- ◆ Collaboration with consumers, providers, funders, advocates, and courts
- ◆ Organization of the Managed Care Plan
- ◆ Monitoring of compliance of delegated CPC functions
- ◆ Intake-service referrals, eligibility, legal settlement
- ◆ Enrollment into authorized services
- ◆ Data collection and tracking
- ◆ Review all appeals or grievances
- ◆ Quality assurance
- ◆ Community and provider education
- ◆ Writing of required reports including the three-year strategic plan and annual reports
- ◆ Training of access points
- ◆ Payment collection from other counties and the state of Iowa
- ◆ Other related duties as assigned by the Board of Supervisors

This means that the CPC Administrator and staff are responsible for determining an individual's eligibility for funding; determining the need for funding for the service, and ensuring the individual receives funding for services in a timely manner. Our office staff will be in communication with the individual and/or guardian to ensure the applicant receives the services and supports that he/she need. If an individual is not eligible for funding, a notice of decision will be sent. If funding is not available, this will be communicated to the individual or guardian.

Are there other staff members available at the Central Point of Coordination office in Adel to assist Dallas County residents? In addition to the Director/CPC Administrator for Dallas County Community Services, Dallas County employs administrative/clerical and social work staff to meet the demands of Dallas County citizens. Dallas County Community Services also includes the General Assistance Worker and members of the Case Management Unit including a supervisor and five case managers.

How are the services in Dallas County monitored? The CPC Administrator maintains service participant intake and enrollment information. The CPC Administrator has developed a system that tracks service authorization and the costs of those services per consumer and per a chart of accounts basis.

Dallas County uses COMIS, which is a computer-based program developed and maintained by the Iowa Department of Human Services. In addition, monthly revenue and expenditure reports are generated by Dallas County using computer-based programs (e.g., Excel). Required information reported and tracked by the CPC includes: 1) service participant demographics; 2) information regarding service participant eligibility and legal settlement; 3) payments from other counties or the state; 4) units of service; 5) cost per unit; 6) cost per line item; 7) units of service per service participant; 8) unduplicated service participant count; and 9) payments made on behalf of an individual as well as to the provider. This system complies with the administrative rules minimum data requirements for counties.

SERVICE PARTICIPANT ELIGIBILITY CRITERIA

OVERVIEW

To be eligible for funding under the Dallas County Mental Services Management Plan, an individual must meet the following criteria:

- Be a U.S. citizen, an alien lawfully admitted for permanent residency, or otherwise permanently residing in the United States under law.
- For individuals under the age of 18, parents or legal guardians will complete the Funding Application in the name of the minor child. All available resources within the minor's household will be considered as when determining eligibility for county funding. Dallas County is working collaboratively with the county's area education agency, county school districts and/or other educational organizations to ensure that funding available through the minor's Individual Education Plan have been considered including the application for the mental retardation waiver, if applicable.
- These requirements are in place for those individuals who are determined to have legal settlement in Dallas County. If a service participant resides in Dallas County but has legal settlement in another county or has state case status, Dallas County will work to complete the Funding Application and assist the service participant in coordinating services and funding authorizations. Dallas County will also coordinate the payback of the funding of those services with the responsible county. Service access will not be denied due to legal settlement.

In addition to the above, an individual must have (Section I) a diagnosis covered by the plan and be (Section II) income and (Section III) resource eligible as set forth in the Plan and (Section IV) have no alternative funding sources to cover the funding requested. There is separate eligibility criteria (Section V) for individuals wishing to access psychiatric medication assistance, procedures regarding eligibility for funding regarding court ordered services (Section VI), and procedures for outpatient services (Section VII). Dallas County reserves the right to request written documentation from individuals that the application process(es) for possible alternative funding sources have been completed prior to approving funding for the services you have requested.

SECTION I. DIAGNOSIS

Diagnoses Covered: The diagnoses covered by this plan are Mental Illness, Chronic Mental Illness, Mental Retardation, and Developmental Disabilities as defined by the American Psychiatric Association, Diagnostic and Statistical Manual (DSM IV), Fourth edition.

Diagnoses of Alzheimer's disease, dementia, and substance abuse are not eligible for Mental Health Services funding under this management plan.

Definition of Diagnosis:

Mental Illness: Mental Illness is defined in Dallas County as individuals who have a current diagnosis as defined in the Diagnostic and Statistical Manual, Fourth Edition (DSM IV). Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic-depressive (bipolar) disorder, adjustment disorder, and personality disorder. **Not** included in this definition are organic disorders such as dementia, and "other" organic disorders, including physical disorders such as brain tumors. (Excluded are: V Code diagnoses, psychoactive substance use disorders, and developmental disorders.)

Chronic Mental Illness: Chronic mental illness is defined in Dallas County as individuals, ages 18 and over, with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Individuals with chronic

mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.

1. **Treatment History Criteria:** Individuals with chronic mental illness will typically meet **at least one of the following criteria:**

- a. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (examples: emergency services, alternative home care, partial hospitalization or inpatient hospitalization); or
- b. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

- - - - AND - - - -

2. **Functioning History Criteria:** Individuals with chronic mental illness will typically meet **at least two of the following criteria on a continuous or intermittent basis for at least two years:**

- a. Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
- b. Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- c. Show severe inability to establish or maintain a personal social support system.
- d. Require help in basic living skills.
- e. Exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

Mental Retardation: Individuals with mental retardation have significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. **All of the following criteria must be met:**

1. A score of approximately 70 intelligence quotient (IQ) or below (approximately 2 standard deviations below the mean), as obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning. It should be noted that there is a measurement error of approximately 5 points in assessing IQ, although this may vary from instrument to instrument.
2. Deficits in adaptive behavior, defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.
3. Sub-average intellectual functioning and deficits in adaptive behavior are manifested during the developmental period, the time period between conception and the eighteenth birthday.

Other Developmental Disabilities: Individuals with developmental disabilities have severe, chronic disabilities which **meet all of the following criteria:**

1. Are attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Are manifested before the individual attains the age of 22.
3. Result in substantial functional limitations in three or more of the following areas of major life activities:
 - a. Self care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency

In addition, Dallas County defines Developmental Disabilities to reflect the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Note: Any individual receiving funding found to be ineligible due to diagnosis criteria will not be eligible for additional funding and current services will be reviewed with an attempt to provide alternative funding or alternative services. Current practice is to allow for a 30 to 60 day transition period. For some individuals it is recognized that a longer transition period may be necessary.

SECTION II. INCOME

Income Guidelines: Income is defined as all earned and unearned income. To be eligible for funding without client participation, an individual or family must be at or below the 150% Federal Poverty Guidelines. Funding provided by Dallas County's mental health centers are funded at 200% of the State Established Poverty Guidelines. There is also a co-payment for mental health services at mental health centers. The co-payment is based on the consumer's income. The Federal Established Poverty Guidelines are updated annually. Please see Appendix F of this document for the Federal Poverty Guidelines for 2006). Updated copies of the Federal Poverty Guidelines will be incorporated into the Appendix annually and without notification.

Individuals in the following categories automatically meet the income eligibility standards, because their income has been considered in income maintenance programs:

- A. Income maintenance status
- B. Income-eligible status

Income Maintenance Status:

Individuals in the following categories automatically meet the SSBG income eligibility standards, because their income has been considered in income maintenance programs:

- A. Recipients of the Family Investment Program (FIP, formerly AFDC).
- B. Those individuals whose needs are taken into account in determining the needs of FIP recipients.
- C. Recipients of Supplementary Security Income (SSI) payments or "special SSI recipients" who have eligibility status under section 1619 of the Social Security Act.
- D. Recipients of State Supplementary Assistance (SSA).
- E. Residents of medical institutions who are in the "300%" group.
- F. Recipients under the Social Security Individuals Achieving Self-Sufficiency (PASS) program or the Income Related Work Expense (IRWE) program.

Those individuals found to be over the income and resource guidelines will be billed for all or a portion of their service costs based on the percentage that they are over income. That is, if they are 10% over guidelines, they will be billed for 10% of their service costs. If they are 100% over the guidelines, they will be billed for 100% of the service costs. Those individuals paying for a portion of their services will be required to complete a repayment agreement with the county. Please see Appendix G of this document for a copy of the repayment agreement.

SECTION III. RESOURCES

Resource Limits: The resource limit for the purpose of this plan will be \$2,000 for a single individual and \$4,000 per married couple. The following property shall be exempt from consideration: personal possessions and household furniture, tools and equipment used for home and family maintenance or self-support, one vehicle and one homestead used as the primary residence of the individual, one additional vehicle more than 10 years old that is used for regular transportation needs, and a burial irrevocable trust fund not to exceed \$6,000. *In addition, applicants are allowed to have retirement plans that are in the accumulation stages.*

Nonrecurring lump-sum income is a one-time payment of money. It includes one-time payments such as inheritance, an insurance settlement for pain and suffering, an insurance death benefit, a gift, a lottery winning, or a lawsuit. It also includes back payment from social security, job insurance, workers' compensation and veterans' benefits. The lump sum income may be used to pay existing bills for necessary home repair (up to \$2,500), essential medical expenses (up to \$2,500) or attorney fees to obtain the lump sum. The remaining nonrecurring lump-sum income will be considered a resource. Exceptions to resource limits may be made at the discretion of the CPC Administrator.

If resources exceed allowable limitations as identified on the Funding Application form, the applicant must deplete assets to allowable levels by paying for his or her own care and treatment before the county will fund.

Transfer of Assets: Dallas County's policy on transfer of assets is adopted from the Department of Human Services Policy as identified in their manual for Title 19 Medicaid. Further explanations may be obtained from that manual.

This policy is applicable to applicants requesting MH/DD services other than vocational services, commitment costs, Title 19 funded services, and placements at the State Hospital Schools, and the Mental Health Institutes.

In summary, transfer of assets occurs when an applicant transfers resources or countable income for less than fair market value in order to become eligible or maintain eligibility for Dallas County funding for mental health services. Transfer of assets includes, but is not limited to:

- ◆ Giving away property to someone else.
- ◆ Establishing a trust.
- ◆ Removing a name from an asset.
- ◆ Disclaiming an inheritance.
- ◆ Failure to "take" against a deceased spouse's will.
- ◆ Reducing ownership interest in an asset.
- ◆ Transferring or disclaiming the right to income not yet received.

Transfers that do not Cause Penalty: The following are situations in which a transfer is exempt and does not cause a penalty:

- ◆ A joint account is divided into separate accounts that reflect separate ownership, as long as; the funds are divided in proportion of ownership.
- ◆ A transfer to the applicant's child who is disabled as defined by Social Security Administration.
- ◆ A transfer into a trust established solely for the benefit of:
 - A child who is blind or permanently and totally disabled, as defined by the Social Security Administration.
- ◆ A transfer is made between spouses or to another individual for the sole benefit of the other spouse.
- ◆ A transfer was made in response to a court order that the spouse receiving Dallas County funding provide support for the spouse, and the assets were transferred for:

- The support of the spouse, or
- The support of a minor or dependent child, dependent parent, or dependent sibling who lives with the spouse.
- ◆ The transfer results in denial of eligibility that causes an undue hardship to the applicant. “Undue hardship” exists when:
 - The applicant’s remaining available resources are less than resources described in the above section.
- ◆ The applicant who transferred the assets makes a satisfactory showing that the applicant intended to dispose of the asset either at fair market value or for other valuable consideration. The applicant must verify through an independent source the attempts to sell the asset for fair market value and that the asset could not be sold for this amount.
- ◆ The applicant who transferred the asset makes a satisfactory showing that the asset was transferred exclusively for another purpose other than to establish eligibility for Dallas County funding for mental health services.
- ◆ The applicant’s home is transferred to one of the following:
 - The spouse of an applicant.
 - A child of the applicant who is under age 21, or who is blind or disabled as defined by Social Security Administration.
 - A sibling of the applicant who has an equity interest in the home and who lived in the home at least one year immediately before the applicant requesting mental health services funding.
 - A son or daughter who was living in the parent’s home for at least two years immediately before the date the parent applied for mental health services funding AND
 - Who provided care to the parent that allowed the parent to live at home rather than in a residential setting? The parent can be either a biological parent, adoptive, or step-parent (common-law marriages are recognized).

Transfers that Cause Penalty: Transfers that currently may result in a penalty being applied are:

- ◆ Transfers made by an applicant, spouse, or someone on behalf of the applicant to someone other than a spouse within the 36 months before the application for Dallas County funding is filed.
- ◆ Transfers into a trust by a trust or by an applicant, an applicant’s spouse, or someone on behalf of an applicant during the 60 months before the application for Dallas County funding is filed.
- ◆ 60 month look back period to determine eligibility.

Penalties for Transferring Assets: Transfer of assets for less than fair market value by either an applicant or applicant’s spouse, or someone acting on behalf, or at the request of the applicant disqualifies the individual for Dallas County funding for mental health services.

The penalty period for transferring assets depends on whom the assets were transferred to and how much the assets were worth at the time the transfer occurred. To establish the penalty period:

- 1) Determine the equity value of all assets transferred in the 36 months before the applicant applied for Dallas County funding, other than those transferred to or by a trust.
- 2) Determine the equity value of all assets transferred into or by a trust in the 60 months before the applicant applied for Dallas County funding, in which the assets are no longer available to that individual and they are not accountable.

- 3) Divide the total equity value of the transferred assets by the average monthly cost of the MH/DD services requested at the time of application. The penalty period may be adjusted if the cost of the MH/DD services increase due to increased consumer needs.
- 4) The penalty period begins the first day of the month that assets were transferred.

If more than one asset is transferred during the look back period, the disqualification periods cannot overlap. The new penalty period starts on the first day of the first month immediately following the last month of ineligibility for the last penalty period.

Section IV. ALTERNATIVE FUNDING SOURCES

The fourth requirement is that there are no other funding sources available to pay for the service the individual is requesting. If an alternative funding source is available, Dallas County may temporarily fund a service (such as medication) for a limited time to allow application to be made to the alternative funding source. An individual must show due diligence in pursuit of funding from other sources. Dallas County is the payer of last resort.

Requests for funding will be denied in the following instances:

- Vocational services without denial of funding from the Department of Vocational Rehabilitation
- Maintenance/client participation for those in residential placement
- Physician prescribed psychiatric medication assistance beyond two months unless the individual provides verification of application or denial of eligibility for Medicaid and the indigent prescription program or who fails to pursue other benefits with due diligence.

Individuals with third party payers will be required to pay the deductible. The County will not pay the remaining balance unless the individual's income and resources are within the eligibility guidelines established in the plan.

The above provisions notwithstanding, Dallas County reserves the right to seek reimbursement for any county funds expended under the provisions of this plan for a five-year period from the date of services and as provided for and limited by the Iowa Code. Mental health centers must bill insurance also....

Section V. PSYCHIATRIC MEDICATION ASSISTANCE

To be eligible for psychiatric medication assistance, the individual must immediately apply for Medicaid and the pharmaceutical indigent program. Verification of application or denial must be provided to the CPC Administrator. Failure to provide verification will limit eligibility to 90 days.

In addition to the above eligibility requirement, the following procedures will be followed:

1. A current CPC Funding Application form needs to be on file.
2. Verification of income and resources is required.
3. Must have a diagnosis of a mental illness. Dallas County reserves the right to request a second opinion or an updated diagnosis of a mental illness for any service participant applying for county funding.
4. Medication script must be signed by a psychiatrist or a nurse practitioner who is working in a psychiatric practice. Only medications from the covered medication list will be approved.

5. The individual must bring the script to the CPC office. If eligible, a signed pharmacy form will be given to the individual to take to the pharmacy of choice. (Walgreen's Pharmacy does not participate)
6. The pharmacy will fill the prescription, and send the required county form to the Disabilities Office.
7. The individual receives a 30 day supply, unless otherwise noted on the script.

Section VI. COURT ORDERED SERVICES

Court Ordered Services include hospital, psychiatric evaluation, attorney fees, mental health advocate, and sheriff transportation. Service participants need to apply for Title XIX and submit other insurance forms if applicable. Client participation for the mental health institutions is determined by Section 230.15 of the Code of Iowa. The service participant is responsible for the county cost allowable under section 230.15, if they have income and resources in excess of the above mentioned standards.

Section VII. MENTAL HEALTH PROVIDER ENROLLMENT PROCEDURE FOR OUTPATIENT SERVICES

Mental Health providers will make available the Funding Application form to those individuals who are in need of funding and desire to utilize county funds to pay for those services. Staff will assist individuals to complete the Funding Application form. The completed Funding Application form and a request for funding will be mailed or faxed to our office. The CPC office will schedule an appointment with the applicant to review the Funding Application form and supporting documents.

Proof of income and resources will be required. Health insurance that may pay for services will be verified. Dallas County will not pay health insurance deductibles nor does the County supplement Title XIX or Iowa Plan (MBC of Iowa) payments. All other payments by other sources will be required prior to the County authorizing funding. Dallas County is the funder of last resort.

In instances where it appears the individual may be eligible for medical programs through the Department of Human Services, the individual will be required to apply for those medical programs at DHS. All children cases will be required to apply for funds through the Iowa Department of Human Services. A copy of the notice of decision from the Iowa Department of Human Services will be required prior to the county authorizing funding.

At times, an individual may need to be seen by a psychiatrist or therapist and the CPC Funding Application form has not been filed or the process completed for a funding determination. To ensure individuals get the immediate service they need, three (3) pass-through sessions for outpatient therapy will be automatically approved if individuals have been unable to obtain an appointment or complete the CPC process. The individual can apply for two more visits if extenuating circumstances exist, i.e. legal settlement determination, etc. If the CPC process determines they are eligible for TXIX or have other insurance, the provider will bill that source and the county will not pay.

THE PROVIDER NETWORK AND PROVIDER SELECTION PROCESS

Dallas County may contract with providers to perform functions of the CPC process for individuals coming to the designated provider for services. When delegation is made, Dallas County will be responsible for ensuring that the provider complies with rule 441.25 of Human Services Chapter 25.

Dallas County seeks a full range of providers who will provide a wide scope of cost effective services in meeting the Mental Health Services Management Plan's goals. Providers meeting one or more the following criteria may be accepted into the Dallas County Provider Network:

- ◆ Current licensed, accredited or certified as a service provider by the State of Iowa, the DPT, the Division of Vocational Rehabilitation, or Department of Inspections and Appeals.
- ◆ Currently enrolled as a Medicaid provider and/or certified as a member of the Iowa Department of Human Services Managed Care Provider Panel.
- ◆ Currently accredited by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO), the Commission of Accreditation of Rehabilitation Facilities (CARF), or other recognized national accrediting body.

If any provider that has been accepted in the Dallas County Provider Network has their licenses and/or accreditation suspended or terminated the State of Iowa or their accrediting body, the provider shall inform the Dallas County CPC Administrator within seven days of the action being taken. Failure to do so will result in the termination of their contract. Each provider must provide to the CPC Administrator copies of their most current licenses or accreditation.

The CPC Administrator maintains information on the provider network. Providers subject to accreditation, license, or certification must meet established standards to be a part of the Dallas County Provider Network. Providers requesting to be included in the network are to begin the application process by requesting a Provider Handbook and copies of the contract template from the CPC office. The Provider Handbook includes a provider profile that is to be completed and returned to the CPC office. It also includes a copy of the Dallas County Mental Health Services Management Plan and the three-year strategic plan. The decision to authorize payment is based on the following criteria:

- ◆ If the philosophy of the services to be provided is in meeting with the Dallas County Mental Health Services Management Plan; and
- ◆ If the cost and routine range of services are comparable to or less expensive than those provided by other Dallas County providers; and
- ◆ If the provider meets established professional standards.

The CPC will determine if the provider is appropriate for the provider network based on the above information. For a list of the agencies within the provider network, please refer to Appendix A.

FINANCIAL ACCOUNTABILITY

Contracting: Dallas County contracts with eligible provider agencies on an annual basis, unless otherwise noted. All contracts are negotiated to be in effect from July 1 of each year through June 30 of the following calendar. There are two types of contracting in Dallas County.

Individual/consumer specific contracts: Those providers who are serving five or fewer Dallas County legally settled consumers for non-Medicaid related services will consider the Notice of Decision and funding agreement as the contractual agreement between the county and the agency. The authorization period on each Notice of Decision and funding agreement varies.

- ◆ **Dallas County Service Contracts:** Those providers serving six or more Dallas County legally settled consumers for non-Medicaid related services will have a written service contract with the Dallas County Board of Supervisors.

Dallas County participates with the County Rate Information System (CRIS) in establishing rates. The reports prepared by CRIS are used as a negotiating tool in the rate setting process. The contract will specify the per

diem rate or fee for service that Dallas County will reimburse the provider for specific services. A financial and statistical report must be submitted to the CPC by September 30 of each calendar year in order for the provider to continue being considered for a contract with Dallas County for the following fiscal year beginning July 1 of the following calendar year. Rate increases will NOT be applied retroactively. For additional information on rate setting methodology, please contact the CPC Administrator.

Dallas County has established the following maximum funding limits for mental health services provided for benefit of any individual receiving any mental health services funded in whole or in part by County funds: A sum not to exceed in the aggregate on either a calendar month or a fiscal-year basis the maximum sum allowable under the then-existing ICF/MR (Intermediate Care Facility for the Mentally Retarded) Title XIX guidelines for such services established by the United States of America. An exception to policy can be requested from the CPC Administrator in services provided are beyond the maximum limit.

Non-Traditional Provider Contracting: Dallas County will make serious efforts to recruit and approve non-traditional providers in its service provider network. This is particularly important in developing and enhancing service participant driven alternative community based services. Dallas County will use the following process for including individuals or organizations not covered by the criteria above:

1. A brief standard Funding Application form will be used. All applicants will have to provide a personal or organizational history; a description of prior experience in working with priority service participants; a description of special skills, education, and/or experience that qualifies them to provide the given service; and references. Applicants will also be required to provide evidence of applicable insurance, and will have to assert that there is no health or legal issues that could influence their performance or credibility.
2. The CPC Administrator will screen applicants. All references will be checked during this interview process. A criminal check, as well as a child abuse and adult abuse check, will be completed.
3. Successful applicants will receive appropriate orientation and training. In all cases, successful applicants will go through a six-month probationary period before becoming fully certified as a member of the provider network.
4. Following the six-month probationary period, the CPC Administrator will review performance and effectiveness with the Dallas County Board of Supervisors. If acceptable, the CPC Administrator will grant one-year approval as a member of the provider network.

Provider Billing: Each provider that receives funding from the county will supply a claim to the CPC Administrator for the services provided during each of the calendar months. The invoice must include the following information:

- ◆ Names of service participants served
- ◆ Service or support provided to each service participant
- ◆ Number and date of units provided during the month
- ◆ Unit rates and total cost of the units for each service participant for each service or support provided

Upon receipt of a bill for service, the CPC will check the bill and additional information against service authorizations issued by the CPC. Services delivered without service authorizations will be checked against county service authorization protocols to assure delivery was permitted. Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill, and not included in the utilization report. Payment to vendors will be initiated as soon as this review process is completed.

It is the intent of Dallas County, that if another county or the state of Iowa determines legal settlement in error, the State of Iowa or the county currently assuming responsibility cannot require Dallas County to assume retroactive payment. Dallas County will pay for service commencing with the date they were notified and the Dallas County CPC determined legal settlement is Dallas County.

- Dallas County will pay bills no later than the month after the bill is received if the charges are verified and approved for payment by the CPC.
- Providers must submit bills within 90 days of the service unless provider is waiting for third party payment.
- If a bill is received after 90 days and there are no third party payments, the Board of Supervisors will decide if the bill will be paid. Upon approval of the claim, payment shall be submitted to the vendor within 30 days unless it is determined by the Dallas County Board of Supervisors that the payment of the delinquent claim(s) could result in a fiscal hardship, which could jeopardize funding to existing consumers. In such a case, the claim would be paid the beginning of the following fiscal year
- No bill will be paid that is over one year old from the date of service rendered, unless there is a code requirement to pay that bill.
- Once the monthly utilization reports have been cleared of any unauthorized (and thus unpaid) services, the monthly encumbrance report will be generated.

Services delivered without funding authorization will be checked against county emergency service protocols. Any services delivered that were not authorized and were not emergencies will not be the responsibility of Dallas County.

All governmental agencies, are strongly encouraged to meet the goal of submitting claims within 60 days, as provided in Iowa Code 249A.12, so that Dallas County may promptly pay its bills and avoid large carryover fund balances.

Cost and Utilization Reports: Monthly cost and utilization reports are generated to use in coordination of the Plan. These reports consist of:

- ◆ Services and costs per chart of accounts
- ◆ Year to date expenditure data

County Annual Audit: An auditor designated by the Board of Supervisors audits all Dallas County departments annually. The results of the audit are discussed with the Chair of the Board of Supervisors and are made available to the public upon request through the Auditor's Office.

QUALITY ASSURANCE

A quality improvement process that provides for ongoing evaluation of the service system is essential to ensure that we are providing the best possible services and supports and to ensure that service participants are achieving the goals they wish to attain. Through this process we must assure that individuals have had a choice in the services and supports they receive, that they are empowered to make their own decisions and that we provide quality services and supports in our community. Dallas County's quality assurance plan includes the following two processes:

Quality of the Provider Network: Dallas County's assurance methodology includes quantitative and qualitative measures. Quantitative measures include statistical summaries of consumer service usage, consumer outcomes, service performance and quality, total costs of service, and costs to the Dallas County Mental Health Services System. Qualitative measures include satisfaction surveys of the service participants, family members, service providers, and funders. Appeals, grievance, incident reports, and plans of correction are also included.

The CPC Administrator will use assessments of service quality for continuous service system improvement. This improvement process involves determination of the status of the current system (specifically, the degree to which county goals and objectives have been attained) and the development of the county management plan in subsequent years. Quality assurance is a component of the County Mental Health Services Annual Report.

Service providers shall submit quality assurance reports, as defined through accreditation and licensing requirements, to the CPC Administrator within 30 days of receiving the report.

Quality of the Disability Services System: The CPC Administrator will be responsible for gathering information on the following:

- ◆ Consumer and family/legal representative satisfaction with the service system
- ◆ Provider satisfaction with the service system
- ◆ Patterns of service utilization
- ◆ Responsiveness of the system to consumer needs and desires
- ◆ Number and disposition of appeals
- ◆ Cost effectiveness of the service system

This information is gathered throughout the year and is reflected in the Annual Report and in the planning process for the review of the County Mental Services Management Plan for the following year. All reports will be posted on the Dallas County website, www.do.dallas.ia.us and are available at the CPC Administrator's office, 902 Court Street in Adel, Iowa.

Performance Accountability System: The Strategic Plan for the three years, July 1, 2006 through June 30, 2009, includes an objective and action steps to develop and implement a Performance Accountability System through outcomes in Dallas County by June 30, 2007.

POLICIES & PROCEDURES MANUAL

SECTION III: Appendixes

Appendix A

DALLAS COUNTY PROVIDER NETWORK

Abilities Unlimited 210 W. Willis Ave. Perry IA 50220 (515) 465-5920	Behavioral Tech 2601 University Des Moines, IA 50317 (515) 263-9109
Abbe Center 1860 Country Home Road Marion, IA 52302 (319) 398-3562	Broadlawns Medical Center 1801 Hickman Road Des Moines, IA 50314-1597 (515) 282-5752
Abbe Center for Community Mental Health 3150 E Ave NW Cedar Rapids, IA 52405 (319) 398-3534	Cedar Valley Community Support Service 3121 Brockway Road Waterloo, IA 50701 (319) 233-1288
Central Iowa Residential Services P.O. Box 1356 Marshalltown, IA 50158 (515) 752-5762	Chariton Group Home 1221 Brookdale Chariton, IA 50049 (515) 774-8252
Chamber Ridge House 3305 Glen Oaks Blvd. Sioux City, IA. 51104 (712) 277-8295	Cherokee State Mental Institute 1251 E. Cedar Cherokee, IA 51012-2594 (712) 225-2594
ChildServe, Inc. 5900 Pioneer Park Johnston, IA 50131 (515) 727-1201	Children & Families of Iowa 1111 University Avenue Des Moines, IA 50314 (515) 288-1981
Christian Opportunity Center-East 1602 N 14 th St. Indianola, IA 50125 (515) 961-3653	Christian Opportunity Center-Pella 1553 Broadway / P.O. Box 347 Pella, IA. 50219 (641) 628-1162
Community Based Services of Bremer 100 E. Bremer Waverly, IA 50677 (319) 352-3760	Community Care, Inc. 1611 330 th Avenue Charlotte, IA. 52731 (563) 677-2231
Community Support Advocates 333 S.W. 9 th Des Moines, IA 50309 (515) 883-1776	Clarinda MHI P.O. Box 338 Clarinda, IA (712) 542-2161

Connections 603 E 12 th St Des Moines, IA 50309 (515) 263-4822	Concerned Inc. Box 12 Harlan, IA 51537 (712) 755-5834
Crest Group Home 3031 Merle Hay Road Des Moines, IA 50310 (515) 331-1200	Child Guidance Center 808 5th Ave Des Moines, IA 50309 (515) 244-2267
Creative Community Options 6950 NE 14th Street, Suite 36 Ankeny, IA 50021 (515) 289-4781	Dallas County Hospital 610 Tenth Street Perry, IA 50220 (515) 465-3547
Dallas County Care Facility 25747 N Ave Adel, IA 50003 (515) 993-4721	Division Vocational Rehabilitation Services 510 East 12 th Street Des Moines, IA 50319-0240 (515) 281-4217
Department of Human Services 902 Court Street Adel, IA 50003 (515) 993-5817	Easter Seals 401 NE 66 th Ave / Box 4002 Des Moines, IA 50333 (515) 289-1933
Ellsworth Municipal Hospital 110 Rocksylvania Ave Iowa Falls, IA 50126 (641) 648-2290	Eyerly-Ball 1301 Center St Des Moines, IA 50309 (515) 243-5181
Genesis Development P.O. Box 327 Boone, IA 50036-0327 (515) 432-7288	Genesis Development P.O. Box 558 / 307 S. Jefferson Street Indianola, IA. 50125 (515) 961-6918
Glenwood State Hospital School 711 S. Vine Glenwood, IA 51534 (712) 527-4811	Good Connections 1109 Division Boone, IA 50036 (515) 432-6911
Harmony House 2950 West Shavlis Road Waterloo, IA 50701 (319) 234-4495	HomeCare Services, Inc. 23561 Nantucket Road Adel, IA 50003 (515) 993-4531
Hope Haven 1800 19 th St Rock Valley, IA 51247 (712) 476-2737	Innovative Industries 405 E Madison Winterset, IA 50273 (515) 462-2926
Link Associates 4301 N.E. 14 th Street Des Moines, IA 50313 (515) 262-8888	Lutheran Services in Iowa 3116 University Des Moines, IA 50311 (515) 274-4946
Mainstream Living P.O. Box 1621 Ames, IA 50010 (515) 232-8405	Mary Greeley Medical Center 1111 Duff Avenue Ames, IA. 50010 (515) 239-2112

Mercy Franklin 1750 48 th Street, Suite 2 Des Moines, IA 50310 (515) 271-6300	Mid Iowa Workshop Box 966 Marshalltown, IA 50158 (515) 752-3697
Mt. Pleasant Mental Health Institute 1200 E. Pleasant Street Mt. Pleasant, IA 52641 (319) 385-7231	Mosaic 700 3 rd Street Des Moines, IA 50309 (515) 246-1840
New Hope Village 1211 East 18 th /P.O.Box 887 Carroll, IA 51401 (712) 792-6713	North Central Human Mt. Services 217 Maple Nevada, IA 50201 (515) 382-5520
North Iowa Vocational Center Inc. P.O. Box 428 Mason City, IA 50402 (641) 423-3301	Opportunity Living 1890 E. Main Lake City, IA 51449 (712) 464-8961
Opportunity Village P.O. Box V Clear Lake, IA 50428 (515) 357-5277	Progress Industries 5518 NW 88 th St. Johnston, IA 50131-1782 (515) 557-1810
Progress Industries 1017 E 7 th St. N - Box 1449 Newton, IA 50208-1449 (515) 792-6119	Rainbow Center 305 15 th Street Des Moines, IA 50309 (515) 243-1741
REM Iowa 36 th Avenue Hiawatha, IA 52233-1504 (712) 294-0430	Respite Connection 3217 Cottage Grove Avenue Des Moines, IA 50311 (515) 277-1050
ResCare 602 E. Grand Des Moines, IA 50319 (515) 280-2256	West Central Mental Health Center 2111 W. Greene Street Adel, IA 50003 (515) 993-4535
Westminster House 940 Cummins Parkway Des Moines, IA 50312 (515) 277-8108 (515) 277-8108	Woodward Resource Center 1251 334 th Street Woodward, IA 50276 (515) 438-2600

Providers highlighted in the above table are the approved mental health service providers and hospitals that Dallas County has approved in the County's commitment process. Please see pages 17 through 19 for additional information on emergency services voluntary and involuntary committals.

Please note that the Provider Network is an ever-changing network of provider services contracted with Dallas County Community Services to provide mental health services for Dallas County residents and those with legal settlement in Dallas County. The list is not meant to be all inclusive but instead represents those service providers as of the date this County Management Plan was approved by the Dallas County Board of Supervisors.

*Appendix B***TYPES OF SERVICES FUNDED AND SERVICE DEFINITIONS****Matrix of County Funded Services & Eligibility Categories
and Chart of Accounts**

<i>SERVICE</i>	<i>MI</i>	<i>CMI</i>	<i>MR</i>	<i>DD</i>
4x03 Information and Referral	X	X	X	X
4x04 Consultation	X	X	X	X
4x05 Public Education Services	X	X	X	X
4x06 Academic Services				
4x11 Direct Administrative	X	X	X	X
4x12 Purchased Administrative				
4x21- 374 Case Management- Medicaid Match	X	X	X	X
4x21- 375 Case Management -100% County Funded	X	X	X	X
4x22- 000 Services Management	X	X		X
4x31 Transportation (Non-Sheriff)	X	X	X	X
4x32- 320 Homemaker/Home Health Aides	X	X	X	X
4x32- 321 Chore Services				
4x32- 322 Home Management Services (HCBS)	X	X	X	X
4x32- 325 Respite				
4x32- 326 Guardian/Conservator				
4x32- 327 Representative Payee		X		X
4x32- 328 Home/Vehicle Modification				
4x32- 329 Supported Community Living w/family	X	X	X	X
4x32- 399 Other (HCBS Habilitation)	X	X	X	X
4x33- 345 Ongoing Rent Subsidy				
4x33- 399 Other Basic Needs	X	X	X	X
4x41- 305 Outpatient Physiological Treatment	X	X		X
4x41- 306 Prescription Medication	X	X		X
4x41- 307 In-Home Nursing	X	X		
4x41- 399 Other	X	X		
4x42- 305 Outpatient Psychotherapy	X	X	X	X
4x42- 309 Partial Hospitalization	X	X	X	X
4x42- 399 Other	X	X	X	X
4x43- Evaluation	X	X	X	X
4x44- 363 Day Treatment Services	X	X		
4x44- 397 Psychiatric Rehabilitation	X	X		
4x44- 399 Other	X	X		
4x50- 360 Sheltered Workshop Services	X	X	X	X
4x50- 362 Work Activity Services	X	X	X	X
4x50- 364 Job Placement Services	X	X	X	X
4x50- 367 Adult Day Care			X	
4x50- 368 Supported Employment Services	X	X	X	X
4x50- 369 Enclave	X	X	X	X
4x50- 399 Other Vocational & Day Services (HCBS Habilitation)	X	X	X	X
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds	X	X	X	X
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds				

<i>SERVICE</i>	<i>MI</i>	<i>CMI</i>	<i>MR</i>	<i>DD</i>
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds			X	
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		X		
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License)		X		
4x63- 329 Supported Community Living w/Other Service Participants			X	
4x63- 399 Other 1-5 Beds (e.g., Crisis bed)	X	X	X	X
4x65- 310 Community Supervised Apartment Living Arrangement (CSALA) 6+ Beds	X	X	X	X
4x65- 314 Residential Care Facility (RCF License) 6+ Beds	X	X	X	X
4x65- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6+ Beds			X	
4x65- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6+ Beds		X		
4x65- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 + Beds	X	X		
4x65- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6+ Beds			X	
4x71- 319 Inpatient/State Mental Health Institutes	X	X	X	X
4x72- 319 Inpatient/State Hospital Schools			X	X
4x73- 319 Inpatient/Community Hospital	X	X	X	X
4x74- 300 Diagnostic Evaluations Related To Commitment	X	X	X	X
4x74- 353 Sheriff Transportation	X	X	X	X
4x74- 393 Legal Representation for Commitment	X	X	X	X
4x74- 395 Mental Health Advocates	X	X	X	X

SERVICE DEFINITIONS

Academic Services refers to basic information and skills such as reading, writing and math which establish the basis for subsequent acquisition and Funding Application form of knowledge.

Adult Day Care is for structured activities provided in a setting specifically designed to serve individuals with disabilities.

Case Management - 100% County Funded are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is funding 100% of the cost of case management.

Case Management- Medicaid Match are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is paying 50% of the non-federal share of Medicaid funded case management.

Chore Services is for services such as window and door maintenance including hanging screens, replacing windowpanes and washing windows; minor repairs to walls, floors, stairs, railings and handles; heavy cleaning which includes attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal; and yard work such as mowing lawns, raking leaves and shoveling walks.

Community Supervised Apartment Living Arrangement are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements.

Community Support Programs is for comprehensive programs to meet individual treatment and support needs of service participants which enable service participants with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting.

Consultation means advisory activities directed to a service provider to assist the provider in delivering services to a specific individual, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.

Day Treatment Services is for individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the service participant's ability to function independently or facilitate transition from a residential placement.

Diagnostic Evaluations Related to Commitment is used when an evaluation is performed related to a commitment under Iowa Code.

Direct Administrative includes expenses necessary to manage the service system if county employees perform the administrative duties.

Enclave is for support provided to service participants based at one competitive job site where two or more service participants are receiving support services simultaneously. The support staff maintains continuous presence on the job site.

Guardian/Conservator is for activities provided as required by the court system to handle the personal business of the individual.

Home Management Services is for personal emergency response systems covered under Home and Community Based Waivers.

Home/Vehicle Modification is for physical modifications to the service participant's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the service participant, and which enable the service participant to function with greater independence in the home or vehicle including home/vehicle modification covered under Home and Community Based Waivers.

Homemaker/Home Health Aides is for personal care or direct care services provided to individuals in their own homes including essential shopping, limited housecleaning or other incidental household services, meal preparation and other activities of daily living, help with hygiene, help with ambulation, etc.

Information and Referral are activities designed to provide facts about resources that are available and help to access those resources.

Inpatient/Community Hospital is for inpatient expenses incurred at community based hospitals, either private or public.

Inpatient/State Hospital Schools is for per diem charges at State Hospital Schools; Glenwood and Woodward.

Inpatient/State Mental Health Institutes is for per diem charges at the Mental Health Institutes; Cherokee, Clarinda, Independence, and Mount Pleasant.

Intermediate Care Facility for the Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF/MR license.

Job Placement Services is for services intended to assist individuals to choose, obtain, and retain employment in the community or in their own businesses. Services are provided in a setting established for use by the general public.

Legal Representation for Commitment is used when legal services are provided related to a commitment under Iowa Code.

Mental Health Advocates is used when individual or systems advocacy is provided by a mental health advocate.

Nursing Facility are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF, SNF or ICF/PMI license.

Ongoing Rent Subsidy is for on-going rent support provided through an organized program to allow the individual to maintain an affordable home in the community.

Partial Hospitalization is an active treatment program providing intensive group and clinical services within a structured therapeutic environment for those service participants who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning.

Physiological In-Home Nursing includes nursing services provided through HCBS Waiver and Model Waiver in the individual's home.

Physiological Outpatient is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.

Prescription Medication is used for all costs for prescription medication, including medication prescribed for psychiatric conditions.

Psychiatric Rehabilitation is for individualized services designed to increase the service participant's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the service participant's recovery of the ability to perform a valued role in society.

Psychotherapeutic Evaluation is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

Psychotherapeutic Outpatient is for planned processes in which the therapist uses professional skills, knowledge and training to enable service participants to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Include crisis intervention programs.

Public Education Services means activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Services focus on the following:

1. Prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect
2. Public awareness activities, which convey information about:
 - a. the abilities and contributions to society of all individuals;
 - b. the causes and nature of conditions or situations which interfere with an individual's ability to function; and
 - c. the benefits that providing services and supports have for the community and for the individual.

Activities should include educational and informational techniques that promote the individual as an integral part of society and eliminate social and legal barriers to that acceptance

Purchased Administrative includes expenses necessary to manage the service system if the county purchases the administrative functions from another entity.

Representative Payee is for activities provided to manage an individual's finances.

Residential Care Facility are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF license.

Residential Care Facility For The Mentally Ill are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/PMI license.

Residential Care Facility for the Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/MR license.

Respite is for temporary care to a service participant to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide.

Services Management is used for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Mental Retardation Commission.

Sheltered Workshop Services is for services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for individuals with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.

Sheriff Transportation is used when transportation is provided related to a commitment under Iowa Code.

Supported Community Living is for services and supports determined necessary to enable service participants to live and work in a community setting where the service participant is living with family alone or with other service participants in a house or apartment. Services are directed to enhancing the service participant's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Supported Employment Services is for paid, competitive employment for individuals with disabilities and a demonstrated inability to gain and maintain traditional employment. Support provided to an individual in a competitive job is on a one to one basis. Supported employment occurs in a variety of normal, integrated business environments. Includes paid minimum wage or better, support provided to obtain and maintain jobs; and promotion of career development and workplace diversity.

Transportation (Non-Sheriff) is for services for service participants to conduct business errands or essential shopping, to receive medical services not reimbursed through TXIX, to go to and from work, recreation, education or day programs, and to reduce social isolation.

Work Activity Services is for services for those individuals whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment.

Other is used for any expenses not captured in above categories.

Appendix C

Confidentiality Policy and Release Form

Dallas County's obligation to maintain confidentiality extends to all case specific aspects of administration, to Funding Application forms of inquiries throughout the continuing casework relationship, and remains after services to the client have ceased. This obligation binds Dallas County as a corporate entity and includes all individual employees, members of its advisory board, volunteers, subcontractors, and students. All individuals involved in any capacity referred to above are expected to hold confidential all information acquired in the course of their work with Dallas County. Employees should consult with their supervisor when encountering the need to serve a client known to them personally.

LIMITATIONS

An individual's right to confidentiality is not absolute. It may be superseded when the rights of others, particularly the rights of children, are impeded or protection and when maintaining confidentiality might cause serious harm to the client or to a third party. In questionable instances, the Dallas County Attorney's office will be consulted to obtain further legal advice on the matter.

RECORD KEEPING

Records pertaining to service participants are the property of Dallas County. Care should be taken to ensure the record keeping is done with the interest of the service participant as the primary concern.

RECORD MAINTENANCE AND DESTRUCTION

Service participant records are considered confidential and should be kept in file cabinets designated for this purpose, unless being used by an authorized individual. For security reasons, service participant records must be returned to the designated file cabinets by the end of the business day or shift, in the case of 24-hour operation.

Service participant records shall be maintained for a minimum of five years following termination of service to the service participant. All personal information pertaining to clients shall be shredded before placement in common disposal receptacles. Service participant confidentiality shall be maintained in service participant record destruction. If Dallas County CPC Administration should cease to function, service participant records shall be transferred to the new provider with appropriate releases signed, or the records shall be destroyed as above, depending on the circumstances.

Individual service participant records are accessible, within the Dallas County CPC Administration, only to authorized staff. Authorized staff is defined as those who provide service to the service participant or who are designated to perform a supervisory or training function within the county.

Service participant records may be shared with outside organizations or individuals only upon receipt of a signed authorization from the service participant involved. This release must state the name of the service participant involved, to whom the information may be released, and the period of time for which the release is in effect. Generally, no information will be released over the telephone without a written consent form, except in instances when the caller is an authorized representative of the Iowa Department of Human Services.

SERVICE PARTICIPANT ACCESS TO RECORDS

A current or past service participant of Dallas County may, upon written request, inspect the service participant's own record in the CPC Administrative office in the presence of staff assigned to the case. Service participants may be accompanied at the examination by an appropriate individual designated in writing, such as the service participant's attorney, guardian, guardian ad litem, or other acceptable individual. Dallas County reserves the right to exclude individuals who are inappropriate for service or treatment reasons.

Service participants may comment on the accuracy of the record and may insert a written statement if they wish. Staff shall consider any service participant's indication as to any inaccuracy, and if the service participant's perception is accurate, the record shall be revised. Foster children or adults who were foster children may not have access to their foster parent's records.

When a service participant or former service participant engages in litigation against Dallas County in which Dallas County may be required to disclose other wise confidential information in its defense, the service participant is considered to have forfeited the service participant's claim to confidentiality of that information.

MEDIA

Every possible assistance should be given to the media to promote a better understanding of the services. However, Dallas County will not make public the names of service participants without their written consent.

When a service participant discloses information to the media concerning the client's relationship with Dallas County, the county will consider itself released from the responsibility to maintain confidentiality to the extent necessary to establish, in context, the facts about the information disclosed by the service participant.

The appropriate supervisor shall investigate any breach of confidence by staff, with recommendations going to the Dallas County Board of Supervisors. The violation of Dallas County policies of confidentiality will result in disciplinary action in accordance with the policies of Dallas County. Action taken may range from dismissal of the matter to termination of the employee, based on the individual circumstances and gravity of the violation.

POLICY DISTRIBUTION

Each current applicable Dallas County employee, including MH/MR/DD trainees, governing board members, MH/MR/DD committee members, and MH/MR/DD volunteers shall be given this policy statement as part of the orientation process at the beginning of employment of service.

PROCEDURES

1. Before duplicating and releasing reports to other agencies or professionals, the staff individual obtains the signature of the service participant or legal guardian and date of signature on a form which specifies information to be released, to whom the information will be released, and the purpose for which information is being released, how the information will be used, and the period of time to which the release applies.
2. If the service participant is unable to read, the release form is read to the service participant and explained in further detail until the service participant understands what the release form means.
3. If the service participant cannot be made to understand the meaning of a release form, it is signed by the service participant's legal guardian or other individual responsible for the care and welfare of the service participant.
4. If the service participant cannot write, permission must be witnessed and the release form signed by the witness.
5. The service participant shall be provided a copy of the signed release form, or any refusal to accept the form shall be documented.

6. Dallas County CPC Administration shall not discuss a service participant's case with unauthorized individuals outside of Dallas County unless a signed release has been obtained.
7. Confidential information may be released without written permission of the service participant or legal guardian only for bonafide medical or psychological emergencies, or for inspections by certifying or licensing agencies of state and federal government. When such information is released, documentation of the individual to whom it was released and the purpose for which it was released is placed in the file.
8. Because some information of a confidential nature is contained in computerized files, the computer terminal is placed in the "Directory" mode or the screen blanked when not in use.
9. Dallas County CPC Administration has an obligation to advocate for the service participant's right to confidentiality if the rights are being violated by other staff and agencies.
10. Service participants have the right to revoke any authorization for release of information at any time.
11. Service participants have the option of visiting with their CPC Administrator and staff in a private area where conversations cannot be overheard.
12. Content of private conversations between Dallas County CPC Administration/County Auditor and the service participant is considered confidential.
13. Failure of service participants to authorize release of information is not an automatic reason for denial of services.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Consumer Name:	DOB:	SS#
Consumer Address:		

I, the undersigned, hereby authorize the following individual or agency to release and/or obtain the oral and written information indicated below, regarding the above named consumer, with:

Individual/Agency to release and receive information:	Dallas County Community Services
Address:	902 Court Street, Suite A
City/State/Zip:	Adel, IA 50003
Phone: (515) 993-5869	Fax: (515) 993-5872

With the following individual or agency:

Individual/Agency to receive and release information:	
Address:	
City/State/Zip:	
Phone:	Fax:

The information released or shared may include:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Face sheet Information | <input type="checkbox"/> Admission Status | <input type="checkbox"/> Funding | <input type="checkbox"/> Social History | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Progress Notes/Summary | <input type="checkbox"/> ICP/Treatment Plans | <input type="checkbox"/> HCBS Waiver Services | <input type="checkbox"/> ARO | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Psychiatric Reports | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Medical History/Reports | <input type="checkbox"/> School Records | <input type="checkbox"/> Court Records |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Consultative Reports | <input type="checkbox"/> Vocational Services | <input type="checkbox"/> Evaluation & Recommendations | |
| <input type="checkbox"/> Re-Release of 3 rd Party Info. (specify): _____ | | | | |
| <input type="checkbox"/> Other (specify): _____ | | | | |

The information obtained from this release is to be used for:

- | | |
|--|---|
| <input type="checkbox"/> Referral for new services | <input type="checkbox"/> Coordination of services |
| <input type="checkbox"/> Monitoring of services | <input type="checkbox"/> Development & Implementation of treatment plan |
| <input type="checkbox"/> Other: | |

No express revocation shall be needed to terminate my consent, I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to the Tri-County Case Management program. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named, or the Tri-County Case Management program.

I understand that I can refuse to sign this authorization, but failure to provide access to information necessary for the funding and implementation of services may be a basis for denial of services.

This authorization shall expire on: (not to exceed 12 calendar months from date of signature, unless revoked or as specified- list specific date or condition:).

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE AND FEDERAL LAW. I specifically authorize the release of data and information relating to MENTAL HEALTH:

Signature of Consumer or Legal Guardian:	Date:
Relationship if not the Consumer:	

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW. (In order for this information to be released, you must sign here and above.) I specifically authorize the release of data and information relating to:

<input type="checkbox"/> Substance Abuse (only the consumer can legally give consent)	<input type="checkbox"/> HIV-Related Information
_____ Consumer's Signature	_____ Consumer/Guardian Signature
_____ Date	_____ Date

Appendix D

Dallas County Community Services Council

Membership is represented by the following individuals and organizations:

Dallas County Board of Supervisors
Director/CPC Administrator, Dallas County Community Services
Case Management Supervisor, Dallas County Community Services
Director, Dallas County Nursing Services
Director, Behavioral Health Services, Dallas County Hospital
Dallas County Provider Network (1 member, 1 alternate)*
Social Worker, Heartland Area Education Agency 11
Zion Recovery Substance Abuse Services (1 member)
Family Practice Clinician (1 member)
Pharmacist or local pharmaceutical representative
Service participants and their families (2 representatives)

*** Dallas County Provider Network**

Dallas County Community Services' enters into contracts with agencies, organizations and service providers that provide the specific services and supports service participants in Dallas County have requested and need to lead a normally interdependent life in their community. Providers deliver a wide range of services. The services in Dallas County that are contracted for include organizations that operate transportation or para-transit systems; hospitals with rehabilitation, mental health, or long-term care facilities; practitioners such as counselors and therapists, home health care agencies, independent living centers, and job assistance coaches. The Dallas County Provider Network will appoint one organization and one alternate organization to represent the Provider Network on the Dallas County Community Services Council. The Provider Network is made up of these providers and includes, but is not limited to the following list. Please see Appendix A of this Plan for a complete list of providers working to serve individuals in Dallas County with mental health, mental retardation, developmental disabilities, and brain injury.

Appendix E**FEDERAL POVERTY GUIDELINES****2006 POVERTY LEVEL GUIDELINES
ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC**

Income Guidelines as Published in the Federal Register on January 24, 2006
Federal Register Vol. 71, Number 15, Page 3848-3849

ANNUAL GUIDELINES

Family Size	100% Poverty	120%	133%	150%	170%	175%	185%	190%	200%	250%	300%	400%	450%
1	9800.	11760.	13034.	14700.	16660.	17150.	18130.	18620.	19600.	24500.	29400.	39200.	44100.
2	13200.	15840.	17556.	19800.	22440.	23100.	24420.	25080.	26400.	33000.	39600.	52800.	59400.
3	16600.	19920.	22078.	24900.	28220.	29050.	30710.	31540.	33200.	41500.	49800.	66400.	74700.
4	20000.	24000.	26600.	30000.	34000.	35000.	37000.	38000.	40000.	50000.	60000.	80000.	90000.
5	23400.	28080.	31122.	35100.	39780.	40950.	43290.	44460.	46800.	58500.	70200.	93600.	105300.
6	26800.	32160.	35644.	40200.	45560.	46900.	49580.	50920.	53600.	67000.	80400.	107200.	120600.
7	30200.	36240.	40166.	45300.	51340.	52850.	55870.	57380.	60400.	75500.	90600.	120800.	135900.
8	33600.	40320.	44688.	50400.	57120.	58800.	62160.	63840.	67200.	84000.	100800.	134400.	151200.

**For family units of more than 8 members, add \$3,400 for each additional member*

MONTHLY GUIDELINES

Family Size	100% Poverty	120%	133%	150%	170%	175%	185%	190%	200%	250%	300%	400%	450%
1	816.67	980.00	1086.17	1225.00	1388.33	1429.17	1510.83	1551.67	1633.33	2041.67	2450.00	3266.67	3675.00
2	1100.00	1320.00	1463.00	1650.00	1870.00	1925.00	2035.00	2090.00	2200.00	2750.00	3300.00	4400.00	4950.00
3	1383.33	1660.00	1839.83	2075.00	2351.67	2420.83	2559.17	2628.33	2766.67	3458.33	4150.00	5533.33	6225.00
4	1666.67	2000.00	2216.67	2500.00	2833.33	2916.67	3083.33	3166.67	3333.33	4166.67	5000.00	6666.67	7500.00
5	1950.00	2340.00	2593.50	2925.00	3315.00	3412.50	3607.50	3705.00	3900.00	4875.00	5850.00	7800.00	8775.00
6	2233.33	2680.00	2970.33	3350.00	3796.67	3908.33	4131.67	4243.33	4466.67	5583.33	6700.00	8933.33	10050.00
7	2516.67	3020.00	3347.17	3775.00	4278.33	4404.17	4655.83	4781.67	5033.33	6291.67	7550.00	10066.67	11325.00
8	2800.00	3360.00	3724.00	4200.00	4760.00	4900.00	5180.00	5320.00	5600.00	7000.00	8400.00	11200.00	12600.00

Ref: Federal Register: January 24, 2006 Volume 71, Number 15, Page 3848-3849

Instruction for Update: Visit US Department of Health & Human Services at <http://aspe.hhs.gov/poverty/06fedreg.htm>

*Appendix F***REPAYMENT AGREEMENT**

Date:

I, _____, agree to reimburse \$_____ to Dallas County for paying _____.

I will pay \$_____ per month until the balance is paid in full. My first payment will be on or before _____.

Signature

Date

Signature 2

Date

****Failure to cooperate with this agreement may result in denial of future assistance****

Dallas County Representative

Date

Title

Appendix G

DALLAS COUNTY COMMUNITY SERVICES APPROVED FORMS

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FUNDING APPLICATION

Please write legibly

OFFICE USE ONLY

Date Received: _____ Mail _____

Date Complete: _____ Walk-In _____

Date of Application: _____

GENERAL INFORMATION

- Applicant's Name: _____ • Phone (with area code): _____
- Address (street, city, state, & zip): _____
- When did you move to this address? Residence date: _____
- Soc. Sec. Number: _____ • Date of Birth: _____ • Gender: ☐ Male ☐ Female
- Primary Language: ☐ English ☐ Spanish ☐ Other: _____
- Are you a U.S. Citizen? ☐ Yes ☐ No • Ethnicity (optional): ☐ Caucasian ☐ African-American
- Marital Status: ☐ Single, never married ☐ American Indian ☐ Latino ☐ Other: _____
- ☐ Widowed ☐ Married ☐ Separated • Living Arrangements: ☐ Lives Alone ☐ Homeless
- ☐ Divorced ☐ Lives with family ☐ Lives with persons unrelated
- Is Applicant Blind? ☐ Yes ☐ No • Are you a Veteran? ☐ Yes ☐ No
- Disability Group: ☐ Mental Illness ☐ Chronic Mental Illness ☐ Mental Retardation
- ☐ Substance Abuse ☐ Developmental Disability ☐ Other: _____
- Referred by: ☐ Self ☐ Family Member ☐ Agency ☐ Friend(s) ☐ Targeted Case Management
- Referrer Name: _____ Relationship: _____
- Name of person completing this form if other than the applicant: _____
- Address: _____

INTERESTED PERSONS

- Emergency Contact: _____ Relationship: _____
- Address (street, city, state, zip): _____
- Guardian: _____ Relationship: _____
- Address (street, city, state, zip): _____
- Legal Payee: _____ Relationship: _____
- Address (street, city, state, zip): _____
- Other Contact: _____ Relationship: _____
- Address (street, city, state, zip): _____

LEGAL SETTLEMENT INFORMATION

Beginning with your present address, list the places you have lived and any Mental Health or Substance Abuse services you may have received. Continue until you have reached an address where you resided for a complete year without receiving any Mental Health or Substance Abuse services. It is not necessary to list services prior to 7/1/86.

To process your application, this section must be completed.

- Address: _____ Date Moved In: _____
Services Received: _____ Date Moved Out: _____

- Address: _____ Date Moved In: _____
Services Received: _____ Date Moved Out: _____

- Address: _____ Date Moved In: _____
Services Received: _____ Date Moved Out: _____

- Address: _____ Date Moved In: _____
Services Received: _____ Date Moved Out: _____

- Address: _____ Date Moved In: _____
Services Received: _____ Date Moved Out: _____

NEEDS

What are you applying for? (Example: therapy, general assistance, transportation, etc.)

FINANCIAL INFORMATION

- **Health Insurance:** ☐ Self-Insured ☐ Insured by employer ☐ Title XIX (#: _____)
☐ Medicare (#: _____) ☐ Other (Company: _____ Policy #: _____)
- **Are you employed?** ☐ Yes ☐ No **If yes, with whom?** _____
- **How many individuals live in your household (including yourself)?**

CURRENT MONTHLY INCOME

	<u>Your Income</u>	<u>Spouse's Income</u>
Employment Wages:	_____	_____
Public Assistance Payments:	_____	_____
Social Security:	_____	_____
Social Security Disability:	_____	_____
Supplemental Security Income:	_____	_____
Veterans Administration Benefits:	_____	_____
Child Support:	_____	_____
Dividends, Interest, Etc.:	_____	_____
Other (_____):	_____	_____
Total Monthly Income:	_____	_____

RESOURCES

	<u>Amount</u>	<u>Location</u>
Checking:	_____	_____
Savings:	_____	_____
Stocks/Bonds:	_____	_____
CD's:	_____	_____
Trust Fund(s):	_____	_____
Primary Residence:	_____	_____
Other Property:	_____	_____
IRA (401K):	_____	_____
Other (_____):	_____	_____
Total Resources:	_____	_____

OFFICE USE ONLY:

MEDICAL INFORMATION

• What is your Primary Diagnosis? _____

• Are you seeking Substance Abuse Treatment? ☐ Yes ☐ No

If yes, for what drug? (alcohol, meth, etc.) _____

• What Prescription Medication(s) are you presently taking?

<i>Name of Medication</i>	<i>Dosage</i>	<i>Prescribing Doctor</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• **Doctors** (Name & Phone Number):

Primary Physician: _____

Psychiatrist: _____

Pharmacist: _____

CASE WORKER INFORMATION

• Do you have a Caseworker: ☐ Yes ☐ No If yes, what is their name and phone number?

Name: _____ Phone: _____

SPECIFIC AUTHORIZATION FOR RELEASE

I authorize the release of the following information, which requires specific consent under Federal or State of Iowa law. I understand that the information obtained by Dallas County Community Services will be used to verify information provided on this application. I authorize the release of any information supplied on this application to the appropriate county if it appears I have legal settlement in that county.

<i>Type of Information</i>	<i>AUTHORIZED INITIALS</i>
Mental Health Evaluation and/or Treatment	
AIDS/HIV Related	
Substance Abuse	

PLEASE READ BEFORE SIGNING

I do solemnly swear or affirm that the above information is true, and correct to the best of my knowledge. I do further authorize Dallas County Community Services' staff to investigate and verify this information, if needed.

Signature of Applicant or Legal Guardian

Date

FUNDING REQUEST

Date:**Consumer Name:****Consumer Address:****Guardian Name:****Guardian Address:**Diagnosis: ☐ 41 – CMI ☐ 42 – MR ☐ 43 – DD ☐ 54 – Substance Abuse

Axis I:

Axis II:

Profile / Presenting Symptoms / History of Illness and Treatment:

Legal Settlement: ☐ Dallas County ☐ State

Other Funding Sources:

Explanation of Request:

SUMMARY OF REQUEST:

Provider:

Service(s) Requested:

Rate: Per: ☐ hour ☐ ½ day ☐ day ☐ week ☐ month ☐ trip ☐ visit ☐ 1x only**TOTAL** Amount Requested:

Beginning Date:

Ending Date:

Case Manager / Social Worker:

Case Manager / Social Worker Signature: _____

Do Not Write Below This Line – CPC Use Only**APPROVED?**☐ **YES**☐ **NO**☐ **Pending**

CPC Comments: _____

CPC Signature: _____

Date: _____

Legal Settlement Decision Tree

1. Is the applicant blind?☐ Yes ☐ No

- IF YES, HE/SHE ACQUIRES LEGAL SETTLEMENT AFTER SIX MONTHS OF CONTINUOUS RESIDENCE IN A COUNTY.
- IF NO, HE/SHE ACQUIRES LEGAL SETTLEMENT AFTER ONE YEAR OF CONTINUOUS RESIDENCE IN A COUNTY.

2. On what date did the applicant reach the age of majority?

- IF BORN BEFORE 7/1/51, MAJORITY WAS REACHED AT AGE 21.
- IF BORN BETWEEN 7/1/51 AND 7/1/54, MAJORITY WAS REACHED ON 7/1/72, REGARDLESS OF AGE.
- IF BORN AFTER 7/1/54, MAJORITY WAS REACHED AT AGE 18.

3. Which is more recent: the date the applicant reached majority or 7/1/87?

- SINCE THEN, HAS THE APPLICANT LIVED FOR A YEAR (SIX MONTHS IF BLIND) CONTINUOUSLY IN AN IOWA COUNTY WITHOUT RECEIVING TREATMENT OR SUPPORT SERVICES FROM ANY COMMUNITY-BASED PROVIDER OF TREATMENT OR SERVICES FOR MENTAL RETARDATION, DEVELOPMENTAL DISABILITIES, MENTAL HEALTH OR SUBSTANCE ABUSE?

☐ Yes ☐ No

- IF YES, THE APPLICANT PROBABLY HAS LEGAL SETTLEMENT IN THE COUNTY WHERE HE/SHE MOST RECENTLY RESIDED FOR THAT ONE YEAR PERIOD. (IDENTIFY COUNTY)
- IF NO, PROCEED TO ITEM #4.

4. Did the applicant reach the age of majority before 7/1/87?☐ Yes ☐ No

- IF NO, PROCEED TO ITEM #5.
- IF YES, DID THE CLIENT LIVE FOR A YEAR (SIX MONTHS IF BLIND) CONTINUOUSLY IN AN IOWA COUNTY WITHOUT RESIDING IN AN INSTITUTION BETWEEN THE DATE OF REACHED MAJORITY AND 6/30/87?

☐ Yes ☐ No

- IF YES, THE APPLICANT PROBABLY HAS LEGAL SETTLEMENT IN THE COUNTY WHERE HE/SHE MOST RECENTLY RESIDED FOR THAT ONE YEAR PERIOD. (IDENTIFY COUNTY)
- IF NO, PROCEED TO ITEM #5.

5. Who had custody of the applicant at the time he/she reached the age of majority?**6. Where did the person identified in item #5 have legal settlement at the time?**

- IF A PUBLIC AGENCY OR FACILITY WAS CUSTODIAN OR GUARDIAN, THE APPLICANT TAKES THE LEGAL SETTLEMENT THAT THE PARENTS HAD UPON SEVERANCE OF THE PARENTAL RELATIONSHIP. THE APPLICANT PROBABLY HAD, UPON REACHING MAJORITY, THE LEGAL SETTLEMENT STATED ABOVE.

NOTE: A PERSON LOSES LEGAL SETTLEMENT IN AN IOWA COUNTY IF HE/SHE LIVES IN A STATE OTHER THAN IOWA FOR A YEAR CONTINUOUSLY OR HAS ACQUIRED LEGAL SETTLEMENT IN A STATE OTHER THAN IOWA IN LESS THAN A YEAR.

Application Outcome Decision

Name:

Disability group, primary diagnosis: (CHECK ONE)

- ☐ MENTAL ILLNESS
☐ MENTAL RETARDATION
☐ SUBSTANCE ABUSE

- ☐ CHRONIC MENTAL ILLNESS
☐ DEVELOPMENTAL DISABILITY

- **County of Legal Settlement:**
- **Date the County of legal settlement contacted:**
- **Funding secured from the County of legal settlement:** ☐ Yes ☐ No
- **Application outcome decision:** ☐ Applicant Accepted ☐ applicant Denied
- **Date of Application outcome decision:**
- **Denial Reason, if denied:** (CHECK ONE)
 - ☐ OVER INCOME GUIDELINES
 - ☐ APPLICANT DESIRES TO DISCONTINUE PROCESS
 - ☐ DOES NOT MEET COUNTY PLAN CRITERIA
 - ☐ DOES NOT MEET SERVICE PLAN CRITERIA
 - ☐ DOES NOT MEET DIAGNOSTIC GROUP CRITERIA
- **Date referall was sent to case management / service agency:**
- **Date written notice of decision was sent to consumer:**
- **Date written notice of decision sent to representative(s):**
- **Comments/Notes:**

SIGNATURE OF PERSON MAKING DETERMINATION: _____

SIGNATURE OF CPC _____ DATE _____

DALLAS COUNTY COMMUNITY SERVICES
902 Court Street, Suite A • Adel IA 50003
Ph. (515) 993-5869 • FAX (515) 993-5872

N O T I C E O F D E C I S I O N

Date:

To:

Provider:

You have requested the following service from the above provider:

•

This service has been: ☐ **APPROVED** ☐ **DENIED** ☐ **PENDING**Unit Rate: \$ Per: **TOTAL** County Funded Amount:☐ 41 – CMI☐ 42 – MR☐ 43 – DD☐ 54 - SA

Beginning Date:

Ending Date:

Conditions/Other:

Decision by: _____
Administrator

If you have any questions regarding this matter, please feel free to call _____ at (515) 993-_____.

If you do not agree with this decision, you have the right to appeal. To appeal a decision, you may call or you may send a letter to the address listed above, stating you wish to appeal. Dallas County Community Services must be notified within fourteen (14) business days for the appeal to be considered.

CC1 (Provider):

CC2: FILE

Stakeholder Questionnaires

CONSUMER SATISFACTION SURVEY

We are in the process of conducting a review of our services. We would greatly appreciate if you would complete this form in regards to the services you have received during the **past year** and return it in the enclosed envelope. **Your response will be kept confidential and including any names is completely optional.** Thank you for your participation and assistance.

		Monthly	Every Other Month	Every 3 Months	
1. How often do you see or talk to your Case Manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					Yes No
2. Does your case manager respond to your phone calls within 24-48 hours?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
3. Do you think your case manager assists you in advocating for your wants and needs?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
4. Does your case manager assist you in developing resources and services to meet your abilities and needs?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
5. Do you feel that you can express your concerns or issues openly and honestly to your case manager?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
6. Does your case manager give you helpful suggestions when addressing your concerns or issues?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
7. Does your case manager contact you to follow-up on your concerns or issues?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
8. Do you have input on your Treatment Plan?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
9. Does your case manager give you a copy of your:					
Comments: _____					
a. Treatment Plan				<input type="checkbox"/>	<input type="checkbox"/>
b. Crisis Plan				<input type="checkbox"/>	<input type="checkbox"/>
c. Quarterly Reports				<input type="checkbox"/>	<input type="checkbox"/>
d. Releases of Information				<input type="checkbox"/>	<input type="checkbox"/>
e. Provider Treatment Plans				<input type="checkbox"/>	<input type="checkbox"/>
10. Does your case manager work well with your service provider?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
11. Since you have had a case manager, do you think you have more control and input over your services and providers?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
12. Overall, do you think your services through Tri-County Case Management have been beneficial?				<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Date Completed: _____ What is your diagnosis? ☐ Mentally III

Mentally
Disabled ☐

GUARDIAN SATISFACTION SURVEY

We are in the process of conducting a review of our services. We would greatly appreciate if you would complete this form in regards to the services your ward has received during the **past year** and return it in the enclosed envelope. **Your response will be kept confidential and including any names is completely optional.** Thank you for your participation and assistance.

		Monthly	Every Other Month	Every 3 Months	
1. How often do you see or talk to your ward's case manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					Yes No
2. Does the case manager respond to your phone calls within 24-48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
3. Do you think the case manager advocates for your ward's rights and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
4. Does the case manager provide you with necessary information to assist you in making decisions about services for your ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
5. Do you feel that you can express your concerns or issues openly and honestly to the case manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
6. Does the case manager give you helpful suggestions when addressing your concerns or issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
8. Does the case manager contact you to follow-up on your concerns or issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
13. Does the case manager work well in a team setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
14. Does the case manager work well with your ward's service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
15. Does your case manager give you a copy of your ward's:					
Comments: _____					
a. Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Crisis Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Quarterly Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Releases of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Provider Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Since you have had a case manager, do you think you have more control and input over services and providers for your ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					
17. Overall, do you think your services through Tri-County Case Management have been beneficial?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments: _____					

Date Completed: _____ What is your ward's diagnosis? ☐ Mentally III ☐ Mentally Disabled

PROVIDER SATISFACTION SURVEY

The Tri-County Case Management Program is continuously trying to provide the best service possible to the consumer. Your opinion about the program and the services and supports the consumer receives is valued and greatly appreciated. Please complete the following survey and return in the self-addressed stamped envelope to assist us with developing better services and supports for the consumer.

	Monthly	Every Other Month	Every 3 Months	
1. How often do you see or talk to the case manager? <i>Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the case manager respond to your phone calls within 24-48 hours? <i>Comments:</i> _____				Yes <input type="checkbox"/>
3. Does the case manager have a Face to Face visit with the consumer every 3 months? <i>Comments:</i> _____				No <input type="checkbox"/>
4. Does the case manager have a good working knowledge of the consumer's disability? <i>Comments:</i> _____				<input type="checkbox"/>
5. Does the case manager advocate for the consumers desires, wants and needs? <i>Comments:</i> _____				<input type="checkbox"/>
6. Do you feel that you can express your concerns or issues openly and honestly to the case manager? <i>Comments:</i> _____				<input type="checkbox"/>
7. Does the case manager give you helpful suggestions when addressing your concerns or issues? Is he/she a helpful resource? <i>Comments:</i> _____				<input type="checkbox"/>
9. Does the case manager contact you to follow-up on your concerns or issues? <i>Comments:</i> _____				<input type="checkbox"/>
10. Do you feel the case manager addresses the concerns and issues of the consumer and/or guardians? <i>Comments:</i> _____				<input type="checkbox"/>
11. Does the case manager understand your agencies: a. Referral process b. Service system process <i>Comments:</i> _____				<input type="checkbox"/>
12. Does the case manager submit the following to you on a timely basis: a. Funding Agreements (NOD's) b. Treatment Plans / ICP's c. Quarterly Reports <i>Comments:</i> _____				<input type="checkbox"/>
13. Does the case manager look for alternative funding sources? <i>Comments:</i> _____				<input type="checkbox"/>
14. Does the case manager coordinate staffings and funding needs with you? <i>Comments:</i> _____				<input type="checkbox"/>

Continued ~

15. Does the case manager work with you in a professional and ethical manner?

☐ ☐

Comments: _____

16. Does the case manager work with the consumer in a professional and ethical manner?

☐ ☐

Comments: _____

Additional comments:

Completed By: _____ Date Completed: _____
 (Optional)

What is the consumer's diagnosis?

Mentally Ill
☐

Mentally
 Disabled
☐